PLANS FROM COMMUNITY BASED CARE (CBC) LEAD AGENCIES TO ACHIEVE FINANCIAL VIABILITY

Department of Children and Families
Office of the Deputy Secretary

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Mike Carroll
Secretary

Rick Scott
Governor

EXECUTIVE SUMMARY

Proviso language contained in Specific Appropriation 322 of the General Appropriations Act (GAA) for state fiscal year 2017-2018 required the Department of Children and Families (DCF) to conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of all Community-Based Care Lead Agencies (CBC's) for the fiscal years ended June 30, 2016 and June 30, 2017. All lead agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission.

The Office of CBC/ME Financial Accountability developed a Framework for Plan to Achieve Financial Viability document to capture the Department's financial analysis, and allow the CBC to provide an analysis of their financial position, cost drivers, and the anticipated impact of action steps on their quarterly and overall financial position by the end of the fiscal year. In addition, a sample Action Plan was provided as a template for the CBC's to follow in developing their respective action steps, timelines, and targets. Initial plans were due by the end of August.

Since financial viability plans were required for most CBCs last fiscal year and the Department implemented a monthly and quarterly review process of the plans, the DCF regions were delegated responsibility for review and feedback with CBCs on their plans.

Secretary Carroll has continued the monitoring of financial viability of the CBC's on the Department's list of Priority of Effort items. Key measures from the Action Plans will be monitored monthly to ensure activities are initiated and gain momentum; performance will be monitored on a quarterly basis to determine if actions are realizing the desired results. Monthly expenditure reports will also be reviewed as they are currently for all CBC's.

Financial Viability Plans provided by the CBC's contained many similarities. All sought to reduce Out-of-Home-Care (OOHC) and many had similar action items. Many of the plans provided measurable targets, at a minimum, for OOHC census numbers. The following high level items appeared in all, or nearly all, Plans:

- Strategies to safely reduce removals by providing support services in the home
- Strategies to move children to permanency more quickly (i.e. reduce length of stay)
- Strategies to reduce the use of facility-based care
- Strategies to increase the availability of foster homes

Some of the Plans also contained strategies to increase the use of relative placements and to work to ensure that services are funded by the appropriate source for example the Managing Entity Substance Abuse & Mental Health lead agencies contracts, Medicaid, the Agency for Persons with Disabilities (APD) and the Department of Juvenile Justice (DJJ).

Note that the Plans, by nature, are point-in-time documents. As circumstances evolve, CBC's will update Plans as appropriate to reflect the most current information. The next page summarizes expected operating results in the current Plans.

in thousands	SFY 2017 Final Operating Results	SFY 2017 Risk Pool Funding	Est. SFY 2017 Results	Projected SFY 2018 Operating Results	Projected Financial Position @ 6/30/18	SFY 18 Core Funding	Deficit as % Core
Childnet (Palm Beach)	$(2,753)	$1,350	$(1,403)	$2,141	$738	$32,433	N/A
Childnet (Broward)	$(7,049)	$2,410	$(4,639)	$591	$(4,048)	$57,808	-7.0%
Sarasota Family YMCA	$(2,482)	$2,494	$12	$(2,008)	$(1,996)	$22,294	-9.0%
CBC of Central Florida	$(2,823)	$2,823	$(0)	$(1,219)	$(1,219)	$55,292	-2.2%
Community Partnership Children	$(1,916)	$1,816	$(100)	$3	$(97)	$25,545	-0.0%
Kids Central	$(1,270)	$1,270	$(0)	$(2,519)	$(2,519)	$38,666	-6.5%
Families First Network	$(1,558)	$1,310	$(248)	$248	$(0)	$34,624	N/A
Eckerd Community Alternatives (Hillsborough)	$(1,313)	$1,027	$(286)	$(1,040)	$(1,326)	$55,584	-2.4%
Totals	**$(21,164)**	**$14,500**	**$(6,664)**	**$(3,803)**	**$(10,467)**		

Summary of Plan Information - remaining CBC's

in thousands	SFY 2017 Final Operating Results	SFY 2017 Risk Pool Funding	Est. SFY 2017 Results	Projected SFY 2018 Operating Results	Projected Financial Position @ 6/30/18	SFY 18 Core Funding	Deficit as % Core
Children's Network of Southwest Florida	$2,625	$-	$2,625	$(3,694)	$(1,069)	$33,969	-3.1%
Brevard Family Partnership	$(25)	$	$(25)	$613	$588	$19,275	N/A
Partnership for Strong Families	$700	$-	$700	$(456)	$244	$22,726	N/A
Our Kids of Miami-Dade & Monroe	$4,465	$-	$4,465	$(2,000)	$2,465	$73,367	N/A
Eckerd Community Alternatives (Pasco-Pinellas)	$(138)	$	$(138)	$(1,687)	$(1,825)	$45,555	-4.0%
St Johns County (Family Integrity Program)	$(48)	$-	$(48)	$217	$169	$4,475	N/A
Devereux Community Based Care	$950	$-	$950	$(210)	$640	$22,227	N/A
Heartland for Children	$2,600	$	$2,600	$(168)	$2,432	$33,078	N/A
Big Bend Community Based Care	$399	$	$399	$857	$1,256	$25,650	N/A
Kids First of Florida	$2,172	$	$2,172	$(142)	$2,030	$6,613	N/A
Family Support Services of North Florida	$3,245	$	$3,245	$1,970	$1,275	$35,905	N/A
Totals	**$16,945**	**$-**	**$16,945**	**$(4,700)**	**$8,205**		

Note that Plans were prepared with estimates for SFY 2017 results; numbers here calculated with actual results
As such, 6/30/2018 financial position will vary from Plans

Next Steps:

The process of working with the CBC lead agencies in preparing and reviewing the Financial Viability Plans has provided a solid foundation from which the Department can continue to monitor the financial health of our child welfare partners. The information provided during this exercise will also advise the process moving forward for reviewing key cost drivers in CBC's not currently experiencing financial difficulties so we can be alerted as early as possible. Four key action areas have been identified as a result of this process:

1) Quarterly monitoring of key metrics contained in the action plans for all CBCs.

2) Ongoing monitoring of all CBC's for early indicators of financial concerns using a sub-set of the performance data contained in this report along with actual financial performance.

3) Based on review of performance and spending patterns, identification and dissemination of best practices among the CBC's.

4) Technical assistance to those CBC's who may be struggling with organizational capacity around linking performance and fiscal data.

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COMMUNITY BASED CARE LEAD AGENCY

FINANCIAL VIABILITY PLANS

Big Bend Community Based Care
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A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 25,649,578

   b. Estimated Carry Forward Funding $ 537,411

   c. Total $ 26,186,989

5. Your SFY 2017-2018 core services expenditures were estimated to be $ 25,549,322.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 637,667.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

    - Core Services Funding $ 25,649,578
    - Estimated Carry Forward Balance on 6/30/2017 $ 398,513
    - Other projected revenue (identify) $ 133,000 (Medicaid Ad earned 16/17)
    - Total $ 26,181,091

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 25,716,018

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 465,072

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

    If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

    Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

    - Factors related to entries into care.
    - Factors related to the cost of children while in care.
    - Factors related to exits from care.

    Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

    For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and

mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   - September 30, 2017 (92 days) $ 6,313,606 ($6,467,348 - $153,742)
   - December 31, 2017 (92 days) $ 6,330,695 ($6,412,415 - $81,720)
   - March 31, 2018 (90 days) $ 6,321,912 ($6,364,397 - $42,485)
   - June 30, 2018 (91 days) $ 6,391,049 ($6,405,418 - $14,369)

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   - Big Bend CBC reviews quarterly budget to actual reports for CBC subrecipient service providers. These quarterly budget to actual reports are supported by the subrecipient service provider's accounting system data. The quarterly budget to actual reports are reviewed for a number of factors, including budget overexpenditures, reasonableness of administrative expenses, and whether the information recorded matches BBCBC records. Annually, BBCBC reviews the independent audit report for each CBC subrecipient service provider. The reports are reviewed for a number of factors, including type of opinion issued by the auditor, reasonableness of various financial ratios, financial statement gain or loss, and other factors.

   - Big Bend CBC has a policy to pay vendors, including subrecipient service providers, within thirty (30) days of receipt of a valid and correct invoice. Historically, BBCBC's vendors have not requested early payment of invoices. If BBCBC's vendors were to request early payment of an invoice, BBCBC would obtain a further understanding of the purpose and need for such payment.

   - There is language in the contracts that Provider shall submit written notification to BBCBC within five (5) weekdays of its Executive Director or any other key position becoming vacant or is anticipated to become vacant and identify who is assuming the responsibilities of that position during the vacancy. Once the position is filled, BBCBC shall be notified in writing of the permanent placement.

     BBCBC will be monitoring the following providers closely due to financial concerns:

     1. Inspire Group, Inc.

9. Additional information – Include any supplemental information that is relevant to your plan.

Please find the methodology BBCBC utilized for the calculations in projected quarterly core services expenditure milestones (Question 6) below:

Over the year move 18 children out of licensed OHC as follows:
1st Q 5 children X 47.61 (average daily cost) X 319 days (46 half the quarter plus 92+ 90+91) = 75,937.95
2ND Q 5 children X 47.61 X 227 = 54,037.35
3rd Q 4 children X 47.61 X 136 = 25,899.84
4th Q 4 children X 47.61 x 46 = 8760.24

Over year reduce kids in group care by 5% which equals 5 children:
1st Q 2 children X 121.95 (group care rate) X 319 = 77,804.10
2nd Q 1 child x 121.95 X 227 =27,682.65
3rd Q 1 child X 121.95 X 136 = 16,585.20
4th Q 1 child X 121.95 X 46 = 5,607.70

1. Big Bend Community Based Care Financial Viability Plan June 2017-June 2018											
1A	BBCBC will reduce the number of children in licensed OHC by 10% based upon 6/30/2017 number.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Develop Safety Management Services for 12 counties served to reduce number of children coming into care.	Janice Thomas, Cori Bausermann, Chris Meadows	10/1/2017	7/1/2017	Contracts currently being reviewed to determine required changes. Capacity issue being explored.	Once new services begin, will need to monitor capacity and adjust as necessary.		July to Sept 2017 = 0% Oct to Dec 2017 = 50% Jan to March 2018 = 75% April to June 2018 =100%	Contract deliverable will include tracing report		
2	Reduce number of children in licensed care by 18 utilizing newly created position in the Intake and Placement Unit.	Gordy Pyper	6/30/2018	7/1/2017	Efforts started.	Position created to search for relatives and non-relative at time of placement and during case management.		July to Sept 2017 = 25% Oct to Dec 2017 = 50% Jan to March 2018 = 75% April to June 2018 =100%	Intake and Placement tracking Report		Q1 - $90,840 Q2 - $64,845 Q3 - $32,375 Q4 - $10,712
1B	BBCBC will reduce the number of children in Group Care by 5% based upon 6/20/17 number										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
1	Formal case reviews to identify children who could be moved from Group Care and idenifty solutions to accomplish move.	Mike Watkins, Gordy Pyper	6/30/2018	7/1/2017	Reviews are completed monthly	Reduction was seen in 2016-2017		July to Sept 2017 = 25% Oct to Dec 2017 = 50% Jan to March 2018 = 75% April to June 2018 =100%	Tracking children 0-17 in Group Care		Q1 - $64,560 Q2 - $23,043 Q3 - $13,805 Q4 - $4,568

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Brevard Family Partnership
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:
   a. Core Services Funding $ 19,275,291
   b. Estimated Carry Forward Funding $ 16,037
   c. Total $ 19,291,328

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 18,786,961.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 504,367.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 19,275,291

   b. Estimated Carry Forward Balance on 6/30/2017 $ (25,000)

   c. Other projected revenue (identify) $ 125,000 Sunshine

   d. Total $ 19,375,291

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 18,786,961.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 588,330.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      i. A Placement Stability Specialist has been assigned to work with relative and non-relative caregivers to provide support, Wraparound and access to services that will result in placement stability.

      ii. BFP Intake staff participates in weekly DJJ audits to promote family preservation by identifying youth at risk of abandonment by their caregivers to engage identified families in the Wraparound process.

      iii. The Mobile Response Team provides licensed clinical crisis response for crisis stabilization and to further stabilize placements.

      iv. The Post Adoption Support Care Coordinator is conducts outreach and engagement of families who have adopted to provide ongoing support, resources and to avoid potential disruption. Post Adoption Support Groups are held monthly to discuss experiences, share ideas, and provide peer to peer support.

      v. The Safety Management Services Team is available to CPI's for immediately deployment for unsafe children with present danger to prevent a removal episode: providing comprehensive in home supports and services through High Fidelity Wraparound and Intensive Care Coordination.

b. Factors related to the cost of children while in care.

   i. Weekly out of home care meetings are conducted jointly by BFP and Family Allies leadership to review children placed in high end placements, including identification of strategies to accelerate permanency for children in licensed care.

   ii. The Administration of Child and Adolescent Function Assessment Scale (CAFAS) within 3-5 days of entering licensed OOHC to ensure children are placed in the most clinically appropriate and least restrictive setting.

   iii. Recruitment, Licensing and Training of 10 Specialized Therapeutic Foster Care homes recruited and trained which would be funded by a third party provider.

   iv. Set target of reduction of group care high cost placements by 20%.

      1. Continue Res Wrap initiative that utilizes Family Team Conferencing to transition children placed in group care to family foster homes when appropriate, and to reduce LOS in group care.

c. Factors related to exits from care.

   i. Monthly review by unit conducted jointly by BFP and Family Allies leadership of all children in Licensed Out Of Home Care to review progress towards permanency goal and viable relative and non- relative placement.

   ii. The use of Permanency and Youth Centered Roundtables to achieve legal permanency for children through reunification with a birth parent or with the family from which the child was removed, or adoption or guardianship with a relative or non-relative before the youth turned 18 years of age and identify and address systemic barriers to expediting permanency.

   iii. Fatherhood initiative to promote father engagement and foster potential placement options for children in care.

   iv. Set target of Adoption of 77 children during FY 17/18.

   v. Permanency staffings are held at 5 and 9 months from entry into OHC to identify barriers to achieving timely permanency.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not

include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

    a. September 30, 2017 (92 days) $ 5,300,000

    b. December 31, 2017 (92 days) $ 4,400,000

    c. March 31, 2018 (90 days) $ 4,700,000

    d. June 30, 2018 (91 days) $ 4,386,961

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

    BFP performs daily cash flow projections. In the event that BFP experiences cash flow issues, we have the ability to access $500,000 in a line of credit. Brevard CARES has a line of credit in the amount of $150,000 in the event they have cash flow issues.

    BFP can also temporarily access unrestricted non-governmental funds to ensure timely payment to our providers and employees.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

    BFP's major subcontractors are Brevard CARES and Family Allies.

    1. The BFP Chief Finance Director meets with the Executive Director of Family Allies and Brevard CARES monthly to review the following:

        a. Financial Statements
        b. Expenditures
        c. Expenditure Variances
        d. Cost Control Procedures

2. The BFP Chief Finance Director attends monthly board meeting to deliver the Financial Statements and discuss variances, and plans to reduce costs in certain areas if necessary to the individual boards.

3. The BFP Accounting Manager assists the BFP Contract Manager with reviewing the Income Statements and Annual Audits, during the contract monitoring process.

4. C.A.R.E.S has become a Medicaid provider to bill third party for allowable services for clients engaged in the program. This will enable use of an alternative revenue stream for select families in the program.

1. **Brevard Family Partnership** Financial Viability Plan June 2017-June 2018											
1A	BFP will stabilize the CMA workforce by reducing turnover and decreasing caseload ratios										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Achieve reduction in caseload ratio of 17:1 (child:care manager)	Bill Bucher / Katie Guemple, Family Allies	June 30, 2018	June 26, 2017		Family Allies has established a goal to achieve a 15:1 Caseload ratio of primary children assigned per care manager. Analysis of the number of children under supervision at time of transition and historical patterns of entry and exit, a realistic projection to achieve a 15:1 ratio would be mid-FY18-19. Family Allies has identified a target ratio of 17:1 for FY17-18. Plans to achieve this target include increased efforts to improve permanency for children in OHC (Goal 2) and retention of CM (Goal 3)	23:1 (June 2017)	17:1 (FY 1718 Target; FY 1819 Target is 15:1)	BFP Self Report (Open Children - OCWDRU Report #1077 / Care Managers - Assigned Primary Cases)	FY 1718 Q1 - 22:1 FY 1718 Q2 - 20:1 FY 1718 Q3 - 19:1 FY 1718 Q4 - 17:1	BFP is not projecting a deficit, our goal is to contain existing budgeted expenditures to Family Allies case management.
2	Increase timely permanency to 48% for FY 2017-18 (Children achieving permanency within 12 months of entering out-of-home care; Scorecard Measure #5)	Bill Bucher / Katie Guemple, Family Allies	June 30, 2018	July 1, 2017		Family Allies has identified a target for children achieving permanency within 12 months of entering OHC of 48% for FY17-18. This represents a 17.5% increase above the State target of 40.5%. Family Allies is implementing monthly reviews of all children in OHC, streamlining diligent search responsibilities, and implementing recognition strategies focused on permanency	35.4% (FY 1617 Q4)	48%	OCWDRU Report #1120	FY 1718 Q1 - 48% FY 1718 Q2 - 48% FY 1718 Q3 - 48% FY 1718 Q4 - 48%	The cost savings in this element is reflected in the out of home care reductions . Budgeted daily rate for licensed out of home placements is $13,668 goal is to be at $12,301 per day by 6/30/2018. July 2017 daily rate was $13,097.
3	Reduce turnover of Care Manager positions to 35%	Bill Bucher / Katie Guemple / Sabrina Kidd, Family Allies	June 30, 2018	July 1, 2017		FY Turnover Rate in BFP SOC has been 51.5% (FY1617), 55.3% (FY1516) and 56.2% (FY 1415). Family Allies has identified a goal of reducing employee turnover to 35% over FY 1718. Family Allies is implementing many strategies to improve engagement, support, training, and retention of staff, including developing a Retention Committee, Culture Committee, implementing stay interviews at 6, 9, and 12 month intervals post-transition, and developing formal and informal recognition efforts.	51.5% (FY 1617 Turnover of CM)	35%	BFP Self Report (FY Turnover tracked monthly based upon CMA staff report)	FY 1718 Q1 - 20% FY 1718 Q2 - 25% FY 1718 Q3 - 30% FY 1718 Q4 - 35%	The goal is to contain existing budgeted expenditures to Family Allies case management. The cost savings in this element is the reduction in the out of home care costs as specified. This goal supports the desired outcome of cost containment since children achieve permanency at higher rates when turnover in case management is stable.

Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			Cost Savings Projections*
1. **Brevard Family Partnership** Financial Viability Plan June 2017-June 2018											
1B	BFP will monitor high cost placements, build capacity of licensed foster homes, support relative and non relative caregivers as a viable placement alternatives when appropriate.										
3	Reduce number of children in licensed OHC by 10%	Valerie Holmes/Ashley Carraro/Jessica Ayala BFP Bill Bucher Family Allies	June 30, 2018	Target Date to Initiate: August 1, 2017		Monthly review by unit of all children in Licensed Out Of Home Care to assess progress towards permanency goal and viable relative and non relative placements.	287 Children in Licensed OOHC as of June 30, 2017	Reduce the number of children in Licensed OOHC by 10% (259 children in OHC)	FSFN OCWDRU Children in Out Of Home Care Care Match (January 1, 2018)	FY 1718 Q1-2.5% FY 1718 Q2-2.5% FY 1718 Q3-2.5% FY 1718 Q4-2.5%	Budgeted daily rate for out of home placements is $13,668 goal is to be at $12,301 per day by 6/30/2018. July 2017 daily rate was $13,097.
4	Implement weekly high cost placement staffings to review high utilizers in Licensed Out Of Home Care to monitor progress, needs and assess safe step down alternative placement options and to review progress towards permanency goal including any viable relative and non relative placements	Valerie Holmes/Ashley Carraro/Jessica Ayala BFP	June 30, 2018	July 1, 2017		This process was initiated on July 1, 2017; initial reviews were held on July 11, 2017; reviews are held every Tuesday at 2:00pm. BFP captured a snap shot of the highest utilizers of Licensed Out Of Care; ths snapshot was captured on July 24, 2017 which consisted of 17 youth encompassing the most costly placements as evidenced by yielding the highest OOHC daily rate paid; the most costly daily rate was $458.00. The average daily cost for high utlizers was $239.00 per day and the variance between the highest paid and lowest paid teen placement is $438.50 (Traditional Foster Home Pathways payment is $19.50 per day)	17 High Utilizers	Reduce the number of high costs placements by 20%	FSFN	FY 1718 Q1-5% FY 1718 Q2-5% FY 1718 Q3-5% FY 1718 Q4-5%	Average daily rate for 17 high end children in care is $3561,the goal will be to reach a daily rate of $2848 per day for high end users by June 30, 2018.
5	Implement strategies to divert children from entering licensed OHC	Valerie Holmes/Ashley Carraro BFP/Phebe Powell CARES	June 30, 2018	July 1, 2017		Divert children from enterinig licensed OHC through Safety Management Services Teams	88.3% diverted (FY 1617 Performance)	90%	BFP Self Report	90%	Total savings of $200,000 based upon 150 children successfully diverted from entering out of home care, with 37% (56) entering licensed care. The formula used was based on 14 children per quarter with an average length of stay of 9 months mulipled by $1,400 per child per month

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

	CBC OHC	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan		
	Baseline	6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018
CBC		748 (Lic. 287)	735 (Lic. 280)	710 (Lic. 273)	700 (Lic. 266)	674 (Lic. 259)	Target Reduction of Traditional Group Care by 20% (* Does not include children served in HT, STGH,RTC,SIPP, APD, or substance abuse residential.)	40	38	36	34
		OHC Performance						RGC Performance			
		Quarterly number						Quarterly number			

*OHC Reduction Target based on 10% reduction in OHC over FY 1718. OHC projection based on 25% reduction per quarter, with adjustments for transition (Q1), historical trend (Q2 and Q3) and historical trend / expectations of improved process and management (Q4)

ChildNet, Inc. – Broward County
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 57,807,569

   b. Estimated Carry Forward Funding $ (4,473,730)

   c. Total $ 53,333,839

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 59,834,621.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (6,500,782).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 57,807,569

   b. Estimated Carry Forward Balance on 6/30/2017 $ (4,638,484)

   c. Other projected revenue (identify) $ 0

   d. Total $ 53,169,085

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 57,217,149.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (4,048,064).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      i. Number of removals

      ii. Safety Plan efficiency – Quality of Safety Management Services: ChildNet has been utilizing the Safety Management Services program for an excess of a year. Henderson Behavioral Health provides the Safety Management Services for all of Broward County with the exception of the 33311 and 33313 zip codes. Currently, Benson & Taylor provides the Safety Management services for those zip codes. A Request for Application (RFA) has been submitted for a provider to take over the servicing of those zip codes. The new provider is expected to commence it services no later than October 1, 2017. Eighty-one percent of the children served by Henderson have remained in the home at the time of discharge.

      iii. Type of Removals – different based on Parental needs the significance of maltreatment; needed service and length of service to gain insight. In Broward County, substance abuse and domestic violence are the top two reasons for removal. There has been a significant amount of parents with severe mental health issues. In these cases, more time and intensive services are needed to assist the parents as they strive for reunification.

   b. Factors related to the cost of children while in care.

      i. Type of Placements,

      ii. Services needed for clients and their families: The services provided to the clients and families are dependent on their needs. The intensity and the length of the services provided affect the cost of the care for each client.

iii. Length of stay.

iv. Case load size and ratio: The case load size and ratio to Case Managers are monitored on a weekly basis. A thorough analysis is performed each month to effectively manage the distribution of cases among the managers. The higher the case load ratio the longer the length of stay for the clients.

v. Significant needs of the children – cross over youths; APD: Children that have higher end needs, require a more intensive placement structure along with increased supervision. The more specialized the service needed to meet the needs of the client the more costly it is for the company. ChildNet continues to partner with APD to find specialized placements for the clients in need.

c. Factors related to exits from care.

i. Efficiency of Judiciary/Court Administration: There have been instances in which cases were not able to get consistent docket time and therefore simple procedures such as the termination of parental rights would be completed over a month long period as opposed to the one to two week time generally accepted.

ii. Familial placement effect /Relative/non-relative care – trend to achieve more timely permanence when children placed with family.

iii. Caseloads – large can't engage the parents for timely permanency – Case Managers are constantly working to achieve safe and stable permanence for all their clients at the same time. Those with large caseloads are unable to fully engage with each parent as they are constantly sharing their time among a substantial case load.

iv. Judicial calendaring

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do <u>not</u> project a core services deficit in SFY 2017-18 and were <u>not</u> required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 14,613,596

   b. December 31, 2017 (92 days) $ 14,350,741

   c. March 31, 2018 (90 days) $ 14,183,339

   d. June 30, 2018 (91 days) $ 14,069,472

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   a. Payments to subcontracted providers have been extended to 45 days from the invoice date as outlined in their contracts.
   b. Subcontracted provider's contracts that provide for Group Care, Foster Care and other Purchased Services have been reduced by 6% in order to lessen the burden on the monthly cash outflow.
   c. All other payments to providers and third party vendors will be paid at or near their due dates.
   d. ChildNet will negotiate with new and current vendors (i.e. non-contracted providers) to provide for more beneficial payment terms that are at a minimum 30 days from the invoice date.
   e. General liability, excess liability, property insurance (for equipment), workers compensation and vehicle insurance have been financed over a period of nine months in order to reduce the significant outlay of cash at the beginning of the fiscal year.
   f. The organization has the ability to draw down on a line of credit of approximately $1 million as an additional buffer to manage cash flow. The organization only accessed the line of credit once during the 2016-17 fiscal year in order to meet year-end obligations.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   The organization currently requests financial information from contracted providers on a quarterly basis which includes the following, if available:

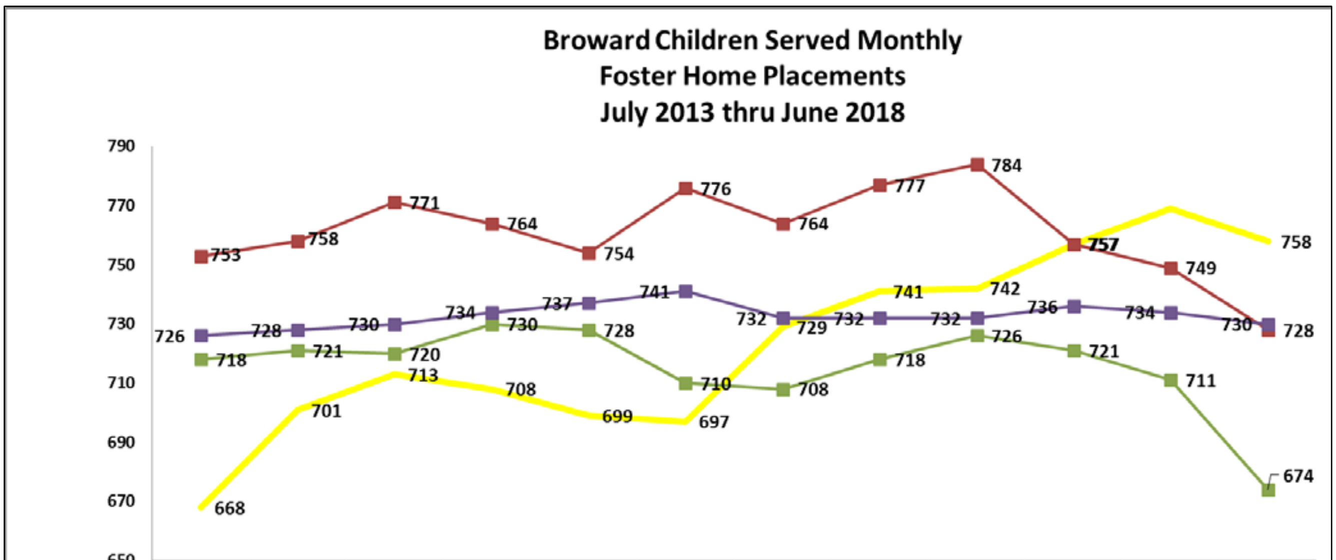
   - Statement of financial position or balance sheet
   - Profit and loss statement
   - Budget to Actual statement
   - Cash flow statement
   - Accounts payable aging

A review of the financial information may consist of ratio analysis, analyzing budget deficits, cash flow deficits and inquiring about payables greater than 90 days old.

In some situations, if a provider requests early payment of invoices for cash flow purposes, the organization requests detailed information as to the purpose and notifies the provider that this option of early payment of an invoice is only available three times during a fiscal year.

The organization also reviews all recent CPA audits to identify findings, questioned costs, modified opinions and also performs analysis on certain components of the financial statements. Analysis consists of calculating the current ratio on the balance sheet to determine the financial health of the organization, a review of the statement of activities to determine the extent of the loss incurred for the fiscal year, if any, and a review of the notes to the financial statements to determine if there have been any changes in operations that may affect the financial health of the organization. If questioned costs or findings are identified related to Federal or State awards provided to the subrecipient, we request a management decision that must state whether or not the audit finding is sustained, the reason for the decision and any actions the provider has undertaken to rectify the finding.

9. Additional information – Include any supplemental information that is relevant to your plan.

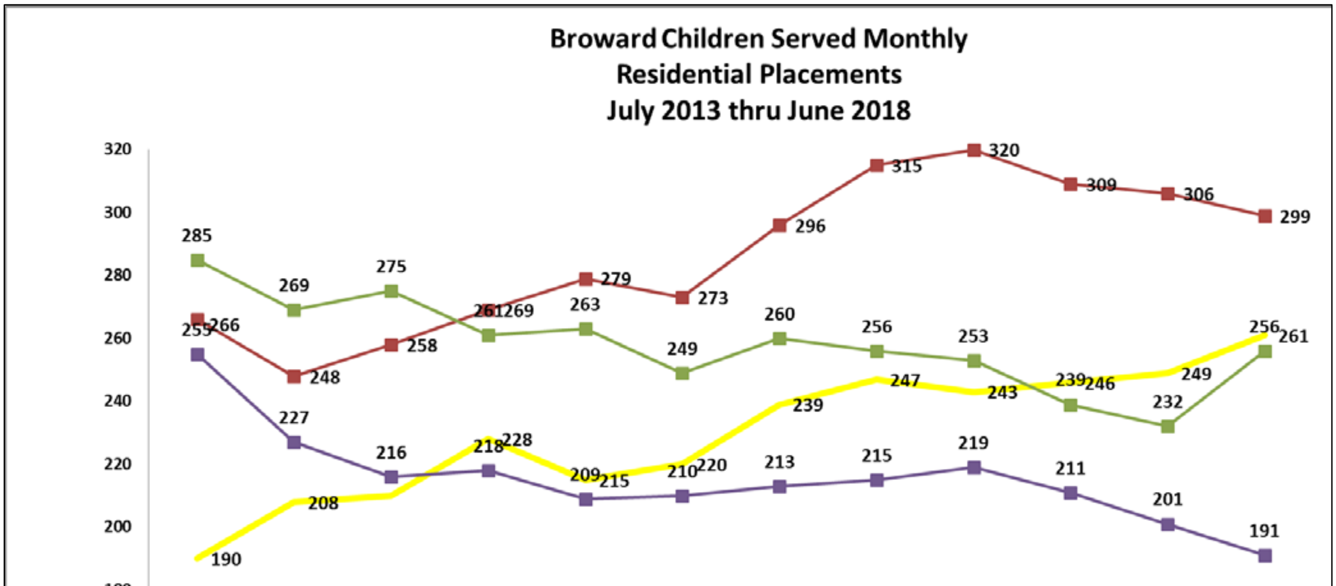


	July	August	September	October	November	December	January	February	March	April	May	June
FY 14-15	668	701	713	708	699	697	729	741	742	757	769	758
FY 15-16	753	758	771	764	754	776	764	777	784	757	749	728
FY 16-17	718	721	720	730	728	710	708	718	726	721	711	674
FY 17-18*	726	728	730	734	737	741	732	732	732	736	734	730

A 6% reduction applied to the Providers which reduced the Foster Care daily expenditure rates from FY 16-17, $36.50 to $35.67 in FY 17-18. The projected increase in the number of children in Foster Care for FY 17-18 will be approximately 4 children. As of May 2017, the net -reduction of children in Foster Care for the current fiscal is 15. The estimated cost savings associated with this increase in the number of children in Foster Care along with the 6% reduction would be approximately $211 thousand from the prior fiscal year (FY 16-17). The 6% reduction will not impact foster parents as the daily board rate will remain intact.

a. The total estimated cost savings for Group Care and Foster Care would be $3.4 million for FY 17-18 from the prior year.

The 6% reduction was applied only to the Foster Family Group Home Providers who are 37.85% of the foster care placements. The reduction is not applicable to the foster parents. This analysis was based on the expenditures of FY 16-17.



	July	August	September	October	November	December	January	February	March	April	May	June
FY 14-15	190	208	210	228	215	220	239	247	243	246	249	261
FY 15-16	266	248	258	269	279	273	296	315	320	309	306	299
FY 16-17	285	269	275	261	263	249	260	256	253	239	232	256
FY 17-18*	255	227	216	218	209	210	213	215	219	211	201	191

A 6% reduction applied to the subcontracted Providers which reduced the Group Care daily expenditure rates from FY 16-17, $168.07 to $162.68 in FY 17-18. In addition to the 6% reduction, the daily placement census projections are being reduced based on the number of children in care. The projected reduction in the number of children in Group Care for FY 17-18 will be approximately 46 children. As of June 2017, the net reduction of children in Group Care for FY 16-17 is 59. The estimated cost savings associated with this reduction in the number of children in Group Care coupled with the 6% reduction would be approximately $3.2 million from the prior fiscal year (FY 16-17).

The 6% reduction was applied only to the Contracted Providers who are 53.4% of the shelter/residential group care placements. ChildNet did not apply the 6% to the remaining providers as ChildNet does not have a contract for those placements. This analysis was based on the expenditures of FY 16-17.

1. *ChildNet Broward* Financial Viability Plan June 2017-June 2018											
1A	ChildNet will stablize the cost of placements and services which will result in a lowered cost of care for each client										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	6% reduction applied to the subcontracted Providers for Group Care services and reduce the census by 46 children.	Denesee Rankine Palmer/ Donna Skees	7/1/17	7/1/17	Completed	Met with all subcontracted providers June, 2017. The plan was instituted July, 2017.					
2	6% reduction applied to the Providers for Foster Care Services.	Denesee Rankine Palmer/ Donna Skees	7/1/17	7/1/17	Completed	Met with all subcontracted providers June, 2017. The plan was instituted July, 2017.					
3	Reduce the number of children placed in out of home placements to meet target . Continued focus to find familial placements from the onset of the case, and the appropriate setting to meet the needs of the child.	Program Officers	12/31/17	7/1/17	On going	Adding of new judge for TPR trials will expedite the back end cases to free children to mover forward to adoption finalization. All children over 18 mths in care are being reviewed to develop plan of action to achieve permanency. Continued focus on safety practice for conditions for return in order to expedite permanency for the new cases.					
4	6% reduction applied to the Purchased Services Providers. Along with a constant review of provider rates and utilization.	Denesee Rankine Palmer/ Donna Skees	7/1/17	7/1/17	Completed	Met with all subcontracted providers June, 2017. The plan was instituted July, 2017.					
5	Increase the capacity of foster home beds earmarked for sibling group and teenages (100 beds)	Wendy Smith	On going	7/1/15	On going	Working in partnership with foster home provider agency to increase recruitment of foster homes with priority areas of sibling groups and teenagers. Which will result in more familial like setting.					
6	Create monthly and quarterly projections for reunifications and closures.	Program Officers/Directors of Case Management	On going	12/31/16	On going	Each Director and Supervisor submits monthly and quarterly projections for reunifications and closures to the Senior Management team on a weekly basis.					
1B	ChildNet Broward will stablize the case management turnover rate which will lead to a reduced case load for each advocate.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Identify cases with minimal barriers to a safe closure	Directors of Case Management	On going	10/1/15	On going	Directors are continuously staffing cases with their team to develop a plan of action to move them to safe and timely closure. In addition, they staff the cases for recommended closures to the Judiciary.					
2	Continuous offering of pre-service classes to new case managers		On going	4/1/16	On going	Continuous hiring of new case managers					

1. *ChildNet Broward* Financial Viability Plan June 2017-June 2018											
1B	ChildNet Broward will stablize the case management turnover rate which will lead to a reduced case load for each advocate.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
3	Continuous training and support given to trainees who transitioned to Child Advocates	Laura Leese	On going	4/1/16	On going	CD Counselors assist newly placed Child Advocates for 10-12 weeks. They serve to reinenforce the training received during pre-service as well as modeling the agency trainigs to ensure transition to their new units. They will work with them on case specific tiems. The CD unit provide a mid-term and final report to the supervisor listing evaluations on their competency in various areas such as documentation, family engagement and family assessment.					
4	Review case load stats on a weekly basis.	Program Officers/Directors of Case Management	On going	12/31/16	On going	Continuous review of the case load stats for the case managers to prevent overload/burnout. The caseload is staggered based on experience and ability.					
1C	ChildNet will reduce the number of children in Out of Home Care										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Weekly analysis of cases to identify barriers and determine specific actions needed to move cases toward permanency.		On going	12/31/16	On going	Each Director and Supervisor submits monthly and quarterly projections for reunifications and closures to the Senior Management time on a weekly basis.					
2	Work collaboratively with the Office of Attorney General to review six months or older cases: in-home cases, post placement cases, children with goals of Permanent Guardianship and non-adjudicated children	Directors of Case Management	On going	04/1/16	On going	Completed through permanency staffing process; the cases are reviewed and if any barriers arise, they can be resolved and or elevated as needed					

1. *ChildNet Broward* Financial Viability Plan June 2017-June 2018											
1C	ChildNet will reduce the number of children in Out of Home Care										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
3	Implementation of the "Permanency Dockets" project. This project will review 87 cases for children who have been in care 18 months or longer.	Theresa Kennedy/Maggie Tilelli	On going	7/1/16	On going	The cases will be heard on an "as needed" basis with hearings taking place more frequently to start, similar to the model used in Dependency Drug Court and Early Childhood Court, with some cases being heard less frequently thereafter while others may need to come in every 2-3 weeks. Prior to the Permanency Status hearing, which is what most of the hearings on the docket will be called, a "Permanency Case Review" meeting will be held with all the parties on Wednesday afternoons from approximately 1pm to 3pm to discuss and/or resolve relevant issues regarding their case. This is a coordinated effort involving the Judiciary, Court Administration, Office of Attorney General, Office of Regional Counsel, Guardian Ad Litem, Legal Aid and ChildNet .					
4	Monthly Roadmap meeting with partners (OAG, Judiciary, DCF) to review the system of care and identify obstacles in the process and develop strategies to overcome them.					Focuses on safe and timely permanency; decrease in cost drivers for financial viability.					
5	Conduct review of children in OOHC over 18 months to determine type of permanency and projection of permanency date.		12/31/17	5/1/17	On going	AS of April 30, 2017, had 609 children in care over 18mths, as of 07/01/17, 180 has exited care. Continued focus on the cases with monthly and quarterly projections sumitted to Senior Management. All barriers will be reviewed at the colloborative staffing. A 7th judge was approved and added to the circuit, June 2017 and focus has been identified by the judiciary, will be able to expedite TPR and move children with adoption goals to permanency.					
6	Implement Differentiated Case Management technique in the courts. This case management system will accommodate the diversity of case processing events and timeframes appropriate to the individual cases filed.	Court Administration/ Theresa Kennedy	On going	5/1/17	On going	Court Administration tracks the new cases and puts them on various tracks to ensure the cases are expedited and move to safe and timely closure. Track 1 - Straight PAD, Track 2 - Removal/Reunification Goal, Track 3 - Expedited TPR, Track 4 - Goal Change to Adoption from Track 2, Track 5 - No Initial Consent and Track 6 - Intensive Supervision Cases					

1. *ChildNet Broward* Financial Viability Plan June 2017-June 2018											
1D	ChildNet oversees the safety practices with Broward Sheriff's Office to reduce the number of removals.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Safety Practice Specialist co-located at Broward Sheriff's Office to ensure the Safety Practice is followed, information is completed and relatives explored.	Dawn Liberta	On going	9/6/16	On going	ChildNet has had staff outposted at BSO, however, role changed for staff to focus on colloboration regarding the Safety Practice Methodolgy including Legal Sufficiency and the Decision Support Team. The Decision Support Team is a collabaration between ChildNet, BSO and community providers to determine if removal is in the best interest of the child or if services can be put in place while maintaining child safety.					
2	Maintain Safety Management Services (SMS) with two teams with one team dedicated to the zip code with the highest removal rate and the other for the remaining portion of the county.	Dawn Liberta/Denesee Rankine-Palmer	On going	10/1/16	On going	Collocated at BSO, upon the initial investigation of a client, they provide safety management services to monitor BSO safety plan. A monthly report is submitted to Senior Management showing the number of families that benefited from in-home services and removals were diverted. Plan was instituted 10/1/16					

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

	CBC OHC	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
	Baseline	6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
CBC		2278	2222	2207	2196	2164	237 / reduce by 46 children	252	216	210	219	191
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

ChildNet, Inc. - Palm Beach County
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 32,432,855

   b. Estimated Carry Forward Funding $ (1,402,695)

   c. Total $ 31,030,160

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 32,987,213

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (1,957,053).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

    a. Core Services Funding $ 32,432,855

    b. Estimated Carry Forward Balance on 6/30/2017 $ (1,403,227)

    c. Other projected revenue (identify) $ 0

    d. Total $ 31,029,628

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 30,292,051.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 737,577.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

    If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

    Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

    a. Factors related to entries into care.

        i. Timely crisis intervention and monitoring of safety plans: Per ChildNet's subcontract with Henderson Behavioral Health, the SMART (Safety Management Action Response Team) team will respond within 2 hours or 24 hours depending on the request made by the CPI. SMART works with the mobile crisis programs operated by South County Mental Health and Jerome Golden Mental Health Center. Their emergency/ crisis planning services are available 24/7 to provide in-the-moment crisis support to diffuse behavioral health crisis. These teams are available to support Palm Beach safety management services. SMART will assist in providing the caregiver access to resource supports in order to ensure that appropriate interventions address caregiver protective capacities while ensuring the child's safety, permanency and well-being. Their work focuses on bringing a halt to the crisis, mobilizing problem solving, controlling impending danger and reinforcing the caregiver's participation in the safety plan. SMART staff work with the family on anticipating possible crises and plan for how such situations will be handled, related to the safety plan.

        ii. CPIs knowledge of safety and intensive intervention services: Service Coordination staff from ChildNet continuously presents information about various services to the CPI and CPIS at their regular group meetings. We have created a quick reference guide to facilitate their appropriate referrals in the field. In addition, Service Coordination is readily available for consultations and support to CPI staff and administrators. CPI referral for and utilization of specialized services is reviewed with the administrators on a monthly basis. In addition, service providers, Program Administrators and CPIS meet monthly to review CPI access and availability of services and address any issues which arise.

b. Factors related to the cost of children while in care.

   i. Effective utilization of foster homes: ChildNet's Director of Foster Home Recruitment, Licensing & Quality identifies and reviews with each subcontracted child placing agency those licensed homes which rarely, if at all, actually serve children so that agencies can either work with identified homes to increase their utilization or cease the expenditure of agency time and resources in licensing and supporting such homes. The daily use and weekly updating of an accurate electronic bed chart also significantly enhances more efficient and effective placement efforts by both ChildNet Intake & Placement and CPA staff, ensuring that all viable and appropriate placement options are always pursued and utilized. ChildNet's Director of Intake & Placement also convenes bi-weekly group meetings with staff from all the child placing agencies to review in-depth the possible transition to a foster home of targeted children who have been previously placed in residential group care. ChildNet also establishes and monitors annual goals for increases in the total number of children served by each child placing agency and, in particular, the number of teens served by each. Reports on child placing agency performance are shared monthly with each individual CPA, its staff and administrators including its highest ranking executive. Reports on and discussion of aggregate circuit performance are also a regular formal agenda item at the quarterly meeting of Circuit 15 CBC Network Executives.

   ii. Transitions from residential group care to relative/nonrelative and foster homes

   iii. Increase of therapeutic foster home capacity

   iv. Utilization of appropriate resources: Service Coordination staff facilitates a wide range of staffings including Child Specific Staffings and Child Placement Agreement Staffings. During those staffings the child's behaviors and current services are discussed. Service coordination staff make recommendations in regards to whether additional or specialized services are needed. If funding for services is needed outside of what is Medicaid reimbursable a General Funding Authorization is submitted and the need is reviewed. Also, service coordination is available for consultation at any time.

   On a monthly basis, ChildNet reviews each child placed in a residential treatment facility to ensure the proper funding source is paying for the child's treatment. The Director of Service Coordination also reviews with the Managing Entity for Substance Abuse and Mental Health and their subcontracted service provider agencies the utilization of their several sources of public and private funding to ensure the fullest possible utilization and most efficient distribution of that funding and to ensure that ChildNet does not use child welfare general revenue to purchase behavioral health care services when other public or private funding is available to pay for them.

   Service Coordination staff also reviews all requests for funding authorization to determine whether the service or item requested can be supported by the specialized and additional benefits available to members of the Child Welfare Medicaid Managed Care Specialty Plan to ensure that ChildNet does not use child welfare general revenue to pay for services or items which could be covered through the plan.

   v. Identification of youth cases to be enrolled into Medicaid: ChildNet Revenue Maximization staff monthly provides a list of any children who have been denied Medicaid eligibility as a result of their immigration status. ChildNet's In-House Counsel then works with the assigned dependency case manager to facilitate and ensure the referral of that

youth, if appropriate, to Legal Aid of the Palm Beaches for the initiation of the application for Special Juvenile Immigration Status, which then makes them eligible for Medicaid enrollment.

c. Factors related to exits from care.

   i. Historically, Circuit 15 has met and exceeded state and federal averages and targets on the timeliness of local dependent childrens' movement to permanence. This has been the result of the constant attention, vigilance and work of nearly all the local dependency stakeholders including ChildNet, the subcontracted dependency case management service provider Children's Home Society, Children's Legal Services, the Guardian ad Litem Program, Legal Aid of the Palm Beaches and the Fifteenth Judicial Circuit Court judges and administrative staff. We continue to ensure effectiveness in this area by regular, at least monthly, monitoring of circuit performance in this area including not only the percentage of children moved to permanence but also comparing overall entries into and exits from out of home care to ensure that the later consistently exceed the former, as they did during the past fiscal year when exits exceeded entries by 13 percent. Going forward, increased attention is being specifically focused on increasing the rate of exits for children who have been in care for more than 24 months, a group for whom performance recently appeared to decline. Weekly performance management meetings now include this as an agenda item during which individual cases of children in care for more than 24 months are reviewed and specific plans for intensifying reunification or adoption efforts developed and system wide targets and projections for the movement of this entire subset of children to permanence are established and progress toward them monitored.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity (ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do <u>not</u> project a core services deficit in SFY 2017-18 and were <u>not</u> required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 7,653,288

   b. December 31, 2017 (92 days) $ 7,603,575

   c. March 31, 2018 (90 days) $ 7,483,678

   d. June 30, 2018 (91 days) $ 7,551,510

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   - Payments to subcontracted providers have been extended to 45 days from the invoice date as outlined in their contracts.
   - All other payments to providers and third party vendors will be paid at or near their due dates.
   - ChildNet will negotiate with new and current vendors (i.e. non-contracted providers) to provide for more beneficial payment terms that are at a minimum 30 days from the invoice date.
   - General liability, excess liability, property insurance (for equipment), workers compensation, and vehicle insurance have been financed over a period of nine months in order to reduce the significant outlay of cash at the beginning of the fiscal year.
     a. The organization has the ability to draw down on a line of credit of approximately $1 million as an additional buffer to manage cash flow. The organization only accessed the line of credit once during the 2016-17 fiscal year in order to meet year-end obligation.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   The organization currently requests financial information from contracted providers on a quarterly basis which includes the following, if available:

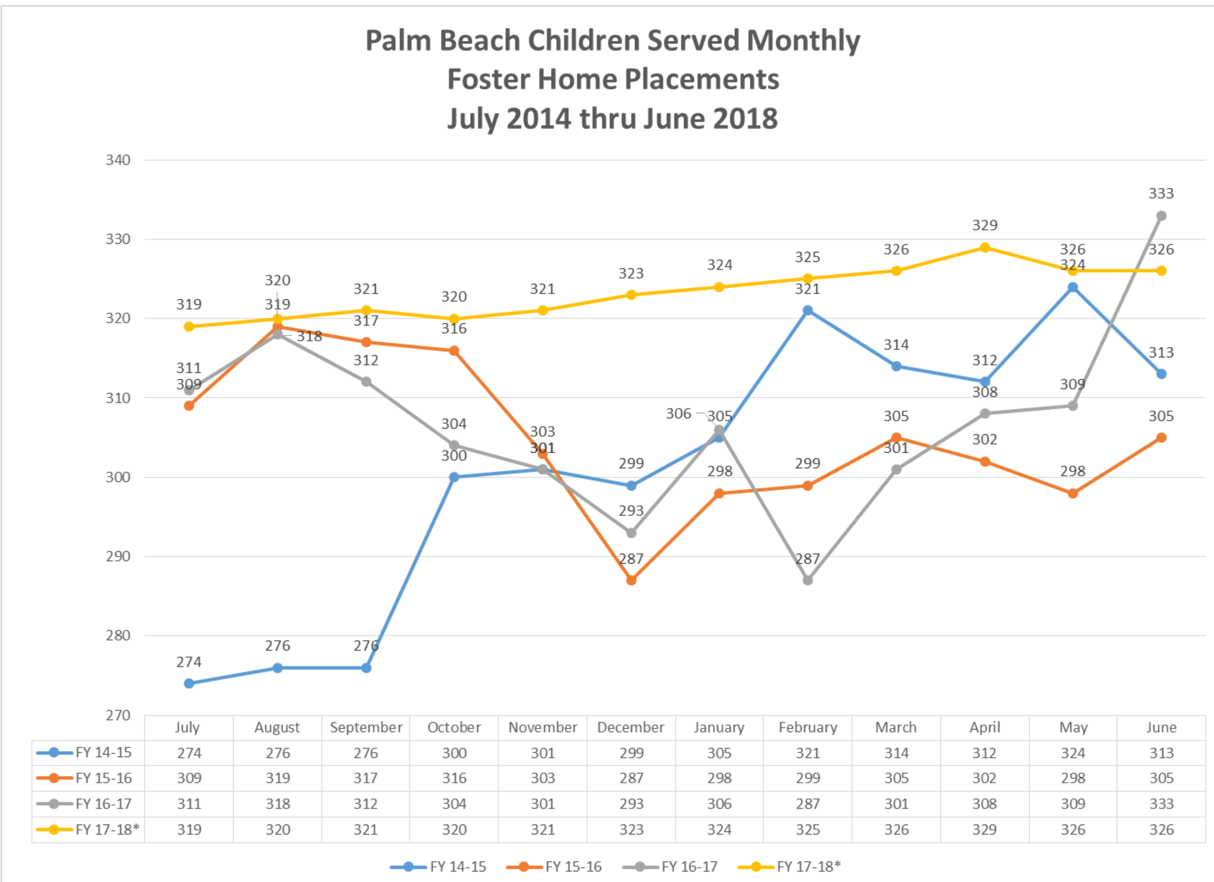
   - Statement of financial position or balance sheet
   - Profit and loss statement
   - Budget to Actual statement
   - Cash flow statement
   - Accounts payable aging

   A review of the financial information may consist of ratio analysis, analyzing budget deficits, cash flow deficits and inquiring about payables greater than 90 days old.

   In some situations, if a provider requests early payment of invoices for cash flow purposes, the organization requests detailed information as to the purpose and notifies the provider that this option of early payment of an invoice is only available three times during a fiscal year.

9. The organization also reviews all recent CPA audits to identify findings, questioned costs, modified opinions and also performs analysis on certain components of the financial statements. Analysis consists of calculating the current ratio on the balance sheet to determine the financial health of the organization, a review of the statement of activities to determine the extent of the loss incurred for the fiscal year, if any, and a review of the notes to the financial statements to determine if there have been any changes in operations that may affect the financial health of the organization. If questioned costs or findings are identified related to Federal or State awards provided to the subrecipient, we request a management decision that must state whether or not the audit finding is sustained, the reason for the decision and any actions the provider has undertaken to rectify the finding.

10. Additional information – Include any supplemental information that is relevant to your plan.

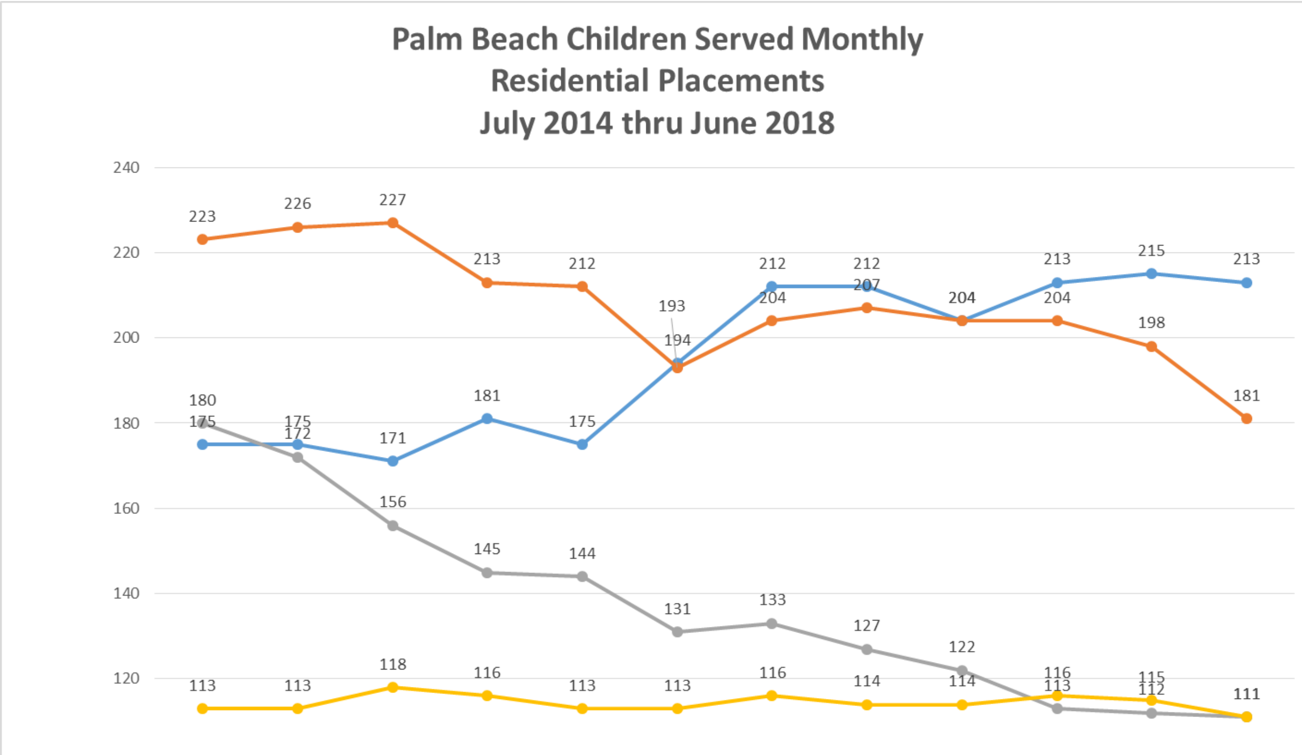


	July	August	September	October	November	December	January	February	March	April	May	June
FY 14-15	274	276	276	300	301	299	305	321	314	312	324	313
FY 15-16	309	319	317	316	303	287	298	299	305	302	298	305
FY 16-17	311	318	312	304	301	293	306	287	301	308	309	333
FY 17-18*	319	320	321	320	321	323	324	325	326	329	326	326

Developed, implemented and monitored a comprehensive Foster Home Recruitment and Utilization Plan that included a detailed community outreach and marketing strategy.

Developed and implemented an electronic bed utilization tracking system which facilitates more efficient matching of children needing placement with the true real time foster home inventory of subcontracted child placing agencies.

ChildNet shall pay recruitment bonuses to Network Provider for each home that is newly licensed after the first placement of a teenager who meets the criteria. A onetime payment to the agency shall be made with the amount based on the home's licensed capacity. ChildNet will also pay an enhanced board rate to the foster parent.



	July	August	September	October	November	December	January	February	March	April	May	June
FY 14-15	175	175	171	181	175	194	212	212	204	213	215	213
FY 15-16	223	226	227	213	212	193	204	207	204	204	198	181
FY 16-17	180	172	156	145	144	131	133	127	122	113	112	111
FY 17-18*	113	113	118	116	113	113	116	114	114	116	115	111

Developed new, more informative and engaging profiles of children assessed as appropriate for transition from residential group care to foster homes and review them in face-to-face meetings with staff of all subcontracted child placing agencies convened biweekly at ChildNet.

Development and implementation of tools manually tracking and reporting the movements of every child transitioned out of residential group care.

1. *ChildNet Palm Beach* Financial Viability Plan June 2017-June 2018											
1A	ChildNet will continue to collaborate with community partners to establish an effective safety management system to avoid unnecessary removals.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Continuous collaboration with Henderson Behavioral Health to provide timely crisis intervention, monitoring of safety plans, peer support and linkage with services to meet basic, immediate, non-therapeutic client needs.	Krystal Kenison	6/30/18	9/1/16	ongoing	SMART contract developed, executed and expanded to ensure adequqte capacity in second and current fiscal year.					
2	Continuous collaboration with Community Partners to regularly monitor an array of intensive intervention programs to either prevent the removal of youth because of their delinquent behavior and/or mental health needs or support their timely reunification when removal has occurred.	Krystal Kenison	6/30/18	1/1/17	ongoing	Single common reporting form developed and utitlized to monitor progress and effectiveness of Henderson SMART and FITT, Camelot FFT and Boystown Family Support programs. Reports submitted monthly to Director of Service Coordination and reviewed monthly at ChildNet/CHS performance managemet meeting and behavioral healthcare stakeholder SAAFER meeting.					
3	Continuous education to Child Protective Investigators in regards to the content and access of the array of safety management and intensive intervention services.	Krystal Kenison	6/30/18	1/1/17	ongoing	Director of Service Coordination continually meets with the CPI leadership team to educate the CPIs on the availability of the services. In addition, there is a ChildNet employee that is co-located with DCF CPI to coordinate, monitor and assist with referrals.					
1B	ChildNet will continue to reduce the utilization of residential group care, transitioning appropriate cases to foster and relative/nonrelative care.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
1	Utilize an electronic bed utilization tracking system which facilitate a more efficient matching of children needing placement with the true real time foster home inventory of subcontracted child placing agencies.	Wendy Smith	6/30/18	9/1/16	completed	Development completed. ChildNet Intake and Placement staff are fully utilizing the electronic bed chart when making placements. Chart is routinely, regularly and accurately updated by child placing agencies, monitored by ChildNet staff.					
2	Develop and implement new fiscal incentives to subcontracted child placing agencies for increased licensing and utilization of foster homes serving teens.	Wendy Smith	6/30/18	9/1/16	completed	Foster home mangement contracts have been modified to identify targets for development of new teen beds and to include enhanced payments to both foster parent and child placing agency for serving teens.					

1. *ChildNet Palm Beach* Financial Viability Plan June 2017-June 2018											
1B	ChildNet will continue to reduce the utilization of residential group care, transitioning appropriate cases to foster and relative/nonrelative care.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
3	Continuous review of profiles of children in residential group care to transition them to foster homes.	KimUyen Thai	6/30/18	09/1/16	ongoing	Working in collaboration with Children's Home Society. Since September 2016, we have been meeting biweekly with the foster home providers to present the children that we believe can be transitioned to foster home. This practice will continue for the fiscal year.					
4	Weekly review of the residential group care census and comparison with monthly residential group care census targets.	KimUyen Thai	6/30/18	6/1/16	ongoing	This is reviewed every Monday with Palm Beach management team. Discussion of all new entries and exits for all children in group care each week.					
5	Weekly in-depth review of targeted group of children currently placed in residential group care to determine if they are appropriate for transition to a foster home, kinship placement or reunification	KimUyen Thai	6/30/18	6/1/16	ongoing	Working in collaboration with Children's Home Society and CLS to determine the most appropriate placement for the children that will lead to better permanency outcome.					
5	Continuous efforts to increase the capacity of foster home beds	Wendy Smith	6/30/18	6/1/16	ongoing	Annual goal setting for increased foster home capacity and monthly review of progress toward goal with each child placing agency continues. Development and distribution of new generic collaterol materials completed. Development of new materials specifically targeting recruitment of homes for teens is underway.					
6	Collaborate with Sunshine Health to increase therapeutic foster home capacity.	Larry Rein	6/30/18	1/1/17	ongoing	Sought and received Sunshine approval to credential Pinnacle as new Palm Beach therapeutic foster home provider with offices co-located with ChildNet. Submitting with Pinnacle response to Sunshine's Request for Proposals for enhanced and innovative therapeutic foster home recruitment					

1. *ChildNet Palm Beach* Financial Viability Plan June 2017-June 2018											
1C	ChildNet will continue to identify and utilizte alternate sources of funding for client related services.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
1	Continuous monitoring and access, as appropriate and available, of Managing Entity for Substance Abuse and Mental Health funding available to serve child welfare clients.	Krystal Kenison	6/30/18	7/1/16	ongoing	Monthly review of all residential treatment placements to ensure that appropriate funding source is being accessed. Regular application to ME for PRTS funding of any residential treatment services that are not Medicaid reimbursable. Regular monitoring of ME funding utilization by					
2	Continuous training of Child Protective Investigators and Dependency Case managers to utilize behavioral health services reimbursable by other public or private funds prior to the utilization of ChildNet funds.	Krystal Kenison	6/30/18	1/1/17	continuing	ChildNet Director of Service Coordination developed, distributed and regularly reviews with stakeholder staff protocol for determining most appropriate referral for both child and adult behavioral healtcare services					
3	Monthly identify and refer to Legal Aid of the Palm Beaches cases for immigrant youth not enrolled in Medicaid but may be approved through Florida Statute 409.811	Andriene Gordon	6/30/18	4/1/17	contninuing	ChildNet revenue maximization staff monitors and reports on immigrant children currently not enrolled in Medicaid. Currently drafting and negotiating contract with Legal Aid to provide services when not funded by alternative sources and to formalize referral process and monitoring of services.					
1D											
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
1	Collaborate with Sunshine Health to increase the capacity in the therapeutic foster homes.	Larry Rein									

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
CBC		1016	1007	1005	1003	998		116	118	113	114	111
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Children's Network of Southwest Florida, LLC
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

    a. Core Services Funding $ 33,969,362

    b. Estimated Carry Forward Funding $ 1,880,609

    c. Total $ 35,849,971

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 31,299,135.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 4,550,836.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

    a. Core Services Funding $ 33,969,362

    b. Estimated Carry Forward Balance on 6/30/2017 $ 2,625,174

    c. Other projected revenue (identify) $ 71,145 (Excess Medicaid)

    d. Total $ 36,665,681

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 37,734,562.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (1,068,881).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

    Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

Key Casual Factors

Flow into CBC

Number of Removals during each Month - a review of the data shows a two year statewide average of 6.04 removals per 100 children. (DCF Dashboard) For the last 12 months we ranged from a low of 4.7 to a high of 8.5 removals. Our average for 12 months was 6.7 which is higher than the statewide average. Child counts ranged from a low of 46 in August to a high of 113 in April 2017 for and average of 86 removals. **There is improvement noted** in the gap of removals to discharges which reduces the flow into the CBC since July 2016. Discharges ranged from a low of 68 in March 2017 to a high of 108 in November 2016 for an average of 82 children. Reunifications for the year totaled 433 children and **increased significantly** due to creation of specialty units within CNSWFL and our focus on closing cases with children in post placement status greater than six months. Over a one year period 1,027 removals exceeded 989 discharges by 38 children reducing the flow into CNSWFL and improving financial viability.

Children in Care

Number of children in Out-of-Home Care as of the end of the month - data (DCF Dashboard) review reveals 1,532 children in OHC at the end of June 2017. This is a 13% increase over a twelve month period. We are focused on efforts to reduce placing children in Out of Home Care. We have established a goal of 30% to increase the number of children for In-Home Non-Judicial case management. The current benchmark is 129 children being served. We are expanding safety services through the FAST model to provide better options for Protective Investigators to serve children in their own homes.

Number of children in In-Home Care as of the end of the month - data (DCF Dashboard) review reveals 900 children in In-Home care at the end of June 2017. This is a 16% increase over a twelve month period. Greater focus by CNSWFL to move children into In-Home care has savings associated with and improves financial viability by reducing cost verses Out of Home Care.

Number of Children in Relative Placements as of the end of the month - data (DCF Dashboard) review reveals 648 children in relative placement as of the end of June 2017. This is a 13% increase over a one year period. Relative Search counselors attend shelter hearings and work closely with Protective Investigators and Case Managers to place children with relatives by completing family assessments, Abuse registry and background checks and attend court hearings. A key indicator is to maximize the % of children in Relative/Non-Relative care and manage that placement process. At the end of June 2017 48% of children in Out-of-Home care were in foster care and our goal is to reduce that to 35% by continued efforts of our Kinship Units.

Number of Children in Non-Relative Placements as of the end of the month - data review reveals 164 children in Non-Relative Placements at the end of June 2017. This is a 20% increase in a one year period. This is an area CNSWFL focused on to improve placements. Reviewing the children who received Non-Relative Caregiver Funding reveals **improving the penetration rate** of qualified applicants from 48.9% in June 2016 to 71.9% in June 2017 for 110 children. Our Kinship Case Management Units have worked diligently in getting these benefits promoted and available to families with non-relative placements to increase families willing to accept children.

<u>Factors related to the cost of children while in care</u>.

Note: Some of the following factors are also an integral part of our essential elements to Department of Children and Families "Road Map to Success" initiative.

Number of Children in Family Based Licensed Care as of the end of the month - data reveals 547 children in Family Base Licensed Care as of June 2017. This is an 11.4% increase over a one year period.

Number of Children in Facility Based Licensed Care as of the end of the month - data reveals 118 children in Facility Licensed Care at the end of June 2017. This is a 1% reduction over a one year period. For all kids in licensed care 18% are in Facilities and 82% are in Family Based care which reflects **a very efficient placements effort.** CNSWFL will continue to utilize the least restrictive family based care to provide a more appropriate setting for children and keep cost under control and promote financial viability.

Children Achieving Permanency within 12 Months of Removal – data (OCWDRU 1118) review indicates CNSWFL rate is 42.9% in June 2017 which is better than the national standard of 40.5%. Delays in permanency add increased costs and we worked to have timely permanency through increased reunification efforts, identifying placements with relatives and guardians and increased adoption efforts. The data (OCWDRU 1137) also reveals children in care 12-23 months from removal **improved** from 44.7% to 53.1% in June 2017. Timely permanency has many factors that drive the efforts to reduce the length of stay in our system of care and that includes effective and efficiency case management, reducing case manager turnover, stabilizing placement options and creating additional resources for licensed homes. Our goal is to maintain permanency between 12-23 months at or above 43.6%. We will also implement processes to monitor oversight of cases between 12-18 months to assess and remove barriers to permanency.

Rate of Abuse or Neglect per Day while in Foster Care - data (OCWDRU 1106) review indicates CNSWFL rate is 29.2 which is currently the highest in the State. Statewide average is 11.5 and the national standard is 8.5 as additional efforts are needed to improve this indicator through refocusing on training efforts with case managers, caregivers to reduce repeated maltreatment. Continued focus will be done to continue operationalizing the reunification units to strengthen and support families. Service expansion will include intensive in-home family services and improving parenting skills to deal with challenging children. We will expand Safety Management services by increasing Family Mentors presence during post-reunification

activities as well. Access to on-going substance abuse and mental health services are critical including mentoring families through additional contacts.

We have established a goal of 20% increase to the number of children for In-Home Non-Judicial case management. CNSWFL will implement the new in-house FAST (Family Assessment Support Team) unit which will ensure children remain safe by way of intensive family services such as proper parenting, in-home counseling, anger management counseling, substance abuse treatment and domestic violence. This will be accomplished by training staff in motivational interviewing techniques, family engagement techniques and including our new Certified Addiction Professional to coordinate services for families with substance abuse issues. These services will be working closely with Protective Investigators and provide a valuable tool to use to prevent removals.

We will conduct monthly and quarterly reviews of reported incidences of verified maltreatment to establish risk management protocols and establish best practice to allow children to be served safely in their homes.

Percentage of Children with Reunification Goal Extended Past 15 months and no TPR Activity - a review of the data (OCWDRU 1048) reveals a 6.7% rate for Circuit 20 which is better than the statewide average of 7.4% overall. Additional drill down data from FSFN Children Reunified within twelve month of latest removal shows CNSWFL at a rate of 58.6% of total children reunified within 12 months in June 2016 **improving to 65.8%.** CNSWFL Post Reunification cases open 6 months or more (CNSF Post Placement Active Children Tracking Report) reveals in June 2017 79 of 260 children or 30.4% that are reunified with parents and took greater than six months to be reunified. These cases are a top priority in research, eliminating barriers and closing the case as appropriate.

A plan has been developed to continue implementation of the new reunification units and promote use of safety management services and conduct necessary training and technical assistance to those that are involved in decisions to ensure children can return safely home and be reunified through efficient safety planning and assessments.

An increase in the reunification rate would ease the use of out-of-home placements and put less pressure on increasing the need for additional family based foster homes through recruitment processes. Efforts will be made by CNSWFL to reduce or eliminate barriers to reunification including increased funding for post reunification services, continued partnerships with our judges and court system and investing sufficient staff to improve timeliness.

Placement Moves per 1000 Days in Foster Care - data (OCWDRU 1102) shows CNSWFL at 6.09 moves per 1000 days in foster care. This is much higher than the 4.29 threshold statewide. National Standard is 4.12 moves per 1000 days. CNSWFL will continue to focus on a commitment to make a careful first placement decisions early into to entry care and maximize the "match" between child and caregiver. We currently are developing a placement and assessment process to determine child needs and identify the most appropriate placement considering factors of sibling groups, continuity of school attendance, race, culture, language, religion and specific disabilities. We have contracted with National Youth Advocacy Program (NYAP) to recruit 15 additional therapeutic homes by June 2018 to stabilize placements of children with challenging behavior issues.

We are currently reviewing placement software that has sophisticated models to determine best match for foster homes with the children. The software must provide case workers and placement units the right tools to intelligently match children in care to placements the first time, helping to significantly reduce subsequent placements within the child welfare system. We will also review 100% of children in licensed care with a Sexual Abuse Prevention Safety Plan to ensure precautions are in place that do not prevent a placement. The goal is to reduce placement moves to 4.12 per 1,000 days.

CNSWFL understands the tremendous impact of reducing the number of moves in a foster child's life which can promote improved academic performance, emotional well-being and the successful long term transition to independent living.

CNSWFL will continue to make improvements to foster home and therapeutic home recruitment efforts by finding quality motivated caregivers, focus on sibling groups and keep the foster homes on board and available for potential placements by providing effective ongoing supports. We are exploring additional placement options for teens ages 12-17 to help stabilize placement moves. We are working with faith based community partners to provide resources to implement the Volunteer House Parent model in Lee County. The idea based on a live-in House Parent model that allows brothers and sisters to live on-site with volunteer House Parents who provide a healthy and nurturing home. Family style meals, outings, support at school functions, medical appointments, and other day to day activities provide a loving and normal existence to foster children.

Foster Home Recruitment and Capacity Building - Licensed Foster Care Providers – a review of the data (OCWDRU 1085) for period July 2016 through June 2017 reveals 108 new licensed foster homes. Unfortunately it also reveals only a 73% of the new licensed providers have a new placement recorded. This utilization rate for initial placements in new homes is below the statewide average of 79%. We have 108 new homes on board, with a net gain of 2 homes for the entire year. We have a large investment in recruiting cost including subcontractor payments, radio and TV ads and billboards in multiple counties.

We will develop an annual strategic plan that will incorporate all our providers into one comprehensive plan and determine the related value of the advertising campaign to maximize return on investment. We are expanding recruitment efforts through faith-based providers (United Methodist Homes) to tap into another available market of potential homes. CNSWFL is currently identifying symptoms and root causes to formulate a plan to develop alternatives for better management with foster home closures. Managing the capacity for placements has a set of unique factors for recruiting, retaining and utilization of available beds. CNSWFL has determined the reasons for under-utilization and will take action to acquire direct management of 110 licensed foster homes to improve use of available beds.

Currently 50 homes are with over capacity waivers and we plan to reduce that number with recruitment efforts and increasing overall bed capacity. Therapeutic foster care is considered the least restrictive form of out-of-home therapeutic placement for children with severe emotional disorders. Care is delivered in private homes with specially trained foster parents. Generally these clients require a more structured environment along with oversight, counseling, and therapeutic services.

CNSWFL is expanding the comprehensive array of providers for therapeutic foster homes through greater specialized efforts of our recruitment contractors. In addition, we are aggressively negotiating with child placement providers that offer therapeutic homes in the area in addition to billing Medicaid for some services. The purpose is to control cost by monitoring and stepping down children from expensive residential placements into a family based setting to enable stability. Use of multi-disciplinary teams and team decision making will be important to carefully assess child needs for placements.

Sibling Groups in Foster Care Where all Siblings are Placed Together - data (OCWDRU 1124) reveals as of June 2017 CNSWFL has a performance rate of 61.6% with statewide average set at 63.6% Our goal is 65%. For a variety of reasons, many of these siblings are not placed together initially or become separated over time. Foster youth describe this experience as "an extra punishment, a separate loss, and another pain that is not needed. For children entering care, being with their siblings can enhance their sense of safety, well-being and support.

Kinship Units will be refocused with the task to assist and assess potential placement resources to increase capacity. Genograms can be developed at initial permanency staffing's to identify potential family members.

5. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 9,374,806

   b. December 31, 2017 (92 days) $ 9,316,889

   c. March 31, 2018 (90 days) $ 9,742,460

   d. June 30, 2018 (91 days) $ 9,300,407

The CNSWFL management team, along with the finance committee (including our Board of Director's Treasurer) has met and reviewed the current year budget requirements and made projections and assumptions in order to get a true picture of what the budget shortfall will be. A process to review all children in shelter care, residential care and enhanced placements has begun, in order to identify any potential savings while continuing to serve the children in appropriate levels of care.

We will use 100% of our previous years roll-forward reserve to mitigate this deficit which amounts to $1.8 million dollars. Management has limited overtime, pushed back various scheduled hiring of non-critical functions and will monitor cash flow very closely. The anticipated outcome due to failure to balance the anticipated shortfall includes:

- Reduction or elimination of critical services contracts beginning with prevention activities
- Staff layoffs starting with non-critical functions
- Reduction of Case Management payments relating to support staff and indirect cost
- Reduction in cash flow resulting in late payments to staff and vendors.
- Stress to our system of care and impact to our performance measures

On January 31, 2017 Children's Network of SWFL, LLC was placed on a corrective action plan by Department of Children and Families as a result of a caseload audit for case management and supervisory caseloads and found the caseloads are substantially too high and moreover, has found Lutheran Services of Florida (LSF) to have the highest caseloads in the State. Caseloads exceeded 25 children per case manager and did not effectively accomplish the goal of ensuring the quality and delivery of foster care and related service. As of January 30, 2017, 72.7% of LSF case managers had high caseloads ranging from 26 to 87 children (29.5% greater than 45). The rest of the state, in comparison, only had 15.6% of case managers with caseloads ranging from 26 to 45 children.

No other agencies have caseloads of 46 or greater. The Corrective Action Plan stipulated that 90% of the caseload size of Case Managers must be reduced to a 25:1 ratio of children served per case manager. A Supervisor cannot maintain a caseload other than isolated cases as approved by the CEO. **As a result we have executed a plan to implement additional case management and support staff units to balance the workload and reduce caseloads.** This requires a significant investment in staffing and infrastructure to support and house the units.

Subcontractor Financial Viability

Children's Network of Southwest Florida, ensures through its administrative monitoring process, that we protect the funds we receive and disburse, derives the maximum return of services from those funds, and is

in compliance with applicable state and federal laws, rules, and regulations governing contracts for services, Every contract issued by the Children's Network of Southwest Florida for services to children and their families is subject to being monitored. The frequency and intensity of the monitoring is based upon an annual detail risk assessment of the contracts in place. We review the provider's administrative systems to ensure they are adequate to manage the contract funds. This includes a review of the provider's basic accounting records along with the provider's financial policies and procedures.

Conclusions and observations derived from the contract monitoring process that identifies the results, including noncompliance with specific terms and conditions of the contract are recorded. These observations include the provider's service delivery, operations and financial stability. A finding requires a recommendation for corrective action.

Consolidated Financial-Independent Auditors' Report

Nature of Organization

Children's Network of Southwest Florida, LLC (CNSF) is a wholly earned subsidiary of Camelot Community Care, Inc. that serves as the lead agency for the State of Florida Department of Children and Families (DCF) Community Based Care Project in Charlotte, Glades, Lee, Hendry and Collier Counties of Florida. Our financial viability is supported by Camelot and a Consolidated Financial Statement was published for the June 2016 time period.

Line of Credit
Children's Network has access to a line of credit with a financial institution that permits borrowing up to $2,000,000 and no maturity date with payments and interest at the prime rate plus .25%. Children's Network has never been required to access this line of credit since the inception of the organization.

Results of Audit
Audit was conducted and a consolidated report issued December 2015 for the period ending June 30th, 2016 by Rivero, Gordimer & Company, P.A. out of Clearwater, Florida. An unqualified "clean" opinion was issued with no issues stated. No doubts were expressed about the capability of Children's Network to continue as a going concern. In addition, no material weakness(es) or significant deficiencies were found for internal control over financial reporting, nor noncompliance material to financial statements noted.

Children's Network revenues amounted to $36,087,440 with expenses of $35,937,325 for a positive Net Asset increase of $150,115. Thus, our Net Assets was $59,032 at year end.

Balance Sheet measures include $4,574,758 cash on hand at June 30th, 2016 with a current ratio of 1.61 which is good. Defensive Interval Ratio is calculated at 51 days of cash on hand for operations including our access available to a line of credit.

Financial Statement measures include Program Expense ratio calculated at 97.36% and Administrative support expenses are 2.64% which is exceptional.

Case Management Turnover and Retention-Building a Quality Workforce

CMO Employment Statistics – a review of both logs submitted by each CMO reveals a significant statistic. For Lutheran Services, the FY 16-17 turnover rate averaged 64.2% which increased from 54.3% in June 2016. For Pathways Human Services, the turnover rate averaged 53.1% which decreased from 58.6% in

June 2016. This data does not include Supervisors. This is one critical area CNWFL and the Case Management Organization partners will address and will find ways to stabilize the work force and lower the turnover rate to less than 40%.

The increasing workload of case management as a result of more kids coming into care requires sufficient staffing levels to stabilize job movement. CNSWFL took steps to increase the starting salary for a Case Manager to $38,000 and a Supervisor to $47,000 in October 2015. We took the second step in April 2016 and increased salaries again for a Case Manager to $40,000 and a Supervisor to $55,000 to be competitive in the current job market and retain experienced staff.

Over the last two years, due to the complexities and growth in cases, CNSWFL has strategically created a team approach utilizing Specialized Positions that complements Case Management functions and assists with the workload. As such, many of the traditional Case Management duties have been assigned to, and are being completed by various CNSWFL "Specialized Positions". The employees in these positions are subject matter experts and their job duties are focused on specific and unique specialty areas, unlike traditional Case Managers that have many diverse responsibilities. The Reunification Unit and Rapid Permanency Reviews are just two examples of these efforts.

The second step in our efforts to manage turnover is to reassign and balance workload and add additional resources to lower caseloads to a 25:1 or better ratio which requires significant investments in salaries and infrastructure cost by CNSWFL. **This is one area that is mission critical for our continued success.**

Our goal is to have 95% of all case managers to carry a caseload of 25 kids or less. We have contracted with Camelot Community Care, Inc. to transfer approximately 373 children in Charlotte County from Lutheran Services of Florida to realign workload and added one additional case management unit. We have strategically placed our in-house Kinship and Reunification unit in the Charlotte office to work side by side with our CMO partner.

We have created an adoption overlay unit (overlay, recruitment, post adoption) in CNSWFL with seven positions to transfer primary case management of 100 children from Lutheran Services. In addition, we have added six units of case management in-house increasing resources to stabilize existing workload and cover new children coming into care. Our largest out of home care age group is 0-5 and we have assigned two units to handle those cases and Case Managers will receive specialty training.

Various strategies have been implemented by CNSWFL to have a quick and significant impact, resulting in a lower number of children on Case Manager caseloads as well as decreasing the number of children on Supervisor caseloads. Better case management techniques improve quality of care and reduce length of stay for children. We are focusing on increasing the number of home visits conducted by the primary case (excluding OTI and Courtesy Cases) manager to assure ongoing child and family home contacts assist the Case Manager in being better informed to manage all aspects of the case.

Development of professional staff includes building those relationships between the Judiciary and the Case Manager to allow serving a role as a trusted advisor to the court in child welfare activities. Timely attendance in court and being prepared with all aspects of the case are paramount for that trust building to occur and we are establishing measurement and benchmark analytics to manage this process with a goal of 90%. This plan will also include court preparation staffing’s and Mock Judicial review trainings as well.

Childrens Network of SWFL, LLC Viability Plan 2017-2018

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1A	**Reduce Case Manager caseload (child) to 25:1 with a Goal of 95% of Case Managers will have a caseload of 25 kids or less**										
1	Expand our workforce to include nine direct case management units and two Specialty units (Kinship Care for relative locator and assessment, and Adoptions Overlay, Recruitment and Post Adoption) to create lower caseload ratios.	Ray Fisher	10/1/17	04/01/2017	Under Implementation	Currently hiring staff and support activities being established. Infrastructure purchases including equipment, leases, furniture, IT items and phone systems are currently underway.		95% of all case managers will carry a caseload of less than 25 kids to 1	CNSWFL Internal Data Reports		
2B	**Re Improve quality of care and reduce length of stay by better case management techniques**										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Establish and measure the benchmark of the number of 30 day home visits conducted by someone other than the primary assigned worker	Shelly Tyler	9/1/17	8/18/17	Planning	We are focusing on increasing the number of home visits conducted by the primary case manager (and not someone else) to assure child and family home contact and be better informed to manage the case.		TBD	CNSWFL Internal Data Reports		
2	Participate in the Lee County Judicial Steering Committee's development of a Mock Judicial Review Training for Case Management staff.	Ray Fischer Michelle Farquharson Karen Turcotte	10/1/17	8/20/17	Planning			100 % completion of task	TBD		
3	Establish scheduled court preparation staffings between the primary Case Manager and assigned CLS attorney	Michelle Farquharson	10/1/17	8/15/17	Planning			100% completion of schedule and procedures.	TBD		
4	Establish the benchmark of attendance in court by the assigned Case Manager	Maureen Coble Michelle Farquharson	10/1/17	8/1/17	Planning			90% attendance in all assigned court hearing	TBD		
3C	**Stabilize Child placements and increase timely permanency by improving placement capacity and providing safe environment for children**										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Expand recruitment campaign to include Billboards in all counties within the circuit, target television advertisements, television and radio interviews and partnerships with faith based organizations, improve use of social media for recruitment	Nadereh Salim Lori Fiege	11/1/17	7/1/17	On Going	Subtask include developing a consolidated strategic recruitment plan to include in-house and subcontracted providers.		100% completion of task	Internal documents		
2	Explore additional placement options for teens ages 12-17.	Jan Widmer	11/1/17	9/1/17	On Going			Identify 5 potential placement options			
3	Contract with NYAP (National Youth Advocacy Program) to license 15 therapeutic foster homes by June 30, 2018	Jan Widmer	9/1/17	7/1/17	Completed			100% completion of signed contract	Contract document		

***Childrens Ne* twork of SWFL, LLC Viability Plan 2017-2018**

3C Stabilize Child placements and increase timely permanency by improving placement capacity and providing safe environment for children

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
4	Increased utilization of Kinship Search Program to assist in locating and assessing potential placement resources	Mareen Coble	6/30/18	8/1/17	On Going			100% completion of task	Internal documents		
5	Complete genograms at the initial permanency staffing to identify potential kinship placement resources for children placed in licensed care.	Michelle Farquharson	11/1/17	9/1/17	On Going			100% completion of task	Internal documents		
6	Maintain monthly oversight of cases between 12 – 18 months to assess and address barriers to permanency within 23 months	Michelle Farquharson	6/30/18	9/1/17	On Going			100% completion of schedule and written process to review and barriers identified			
7	Reduce placement moves per 1,000 days	Nadereh Salim Ray Fischer Lori Fiege Jan Widmer	6/30/18	7/1/17	On Going			4.12 per 1,00 0 days	OCWDRU 1102 Placement moves per 1,000 days Foster Care		
8	Maintain permanency between 12-23 months at or above 43.6%	Ray Fisher	6/30/18	9/1/17	On Going			43.6% or better	FSFN OCWDRU 1137 12-23 months		
9	Increase placement capacity through recruiting additional foster homes	Lori Fiege Melissa Schonagle	6/30/18	7/1/17	On Going			160 homes	Licensed Foster Care Providers State Fiscal YTD OD Summary #1085 OCWDRU		
10	Place 65% of siblings in licensed care	Ray Fischer Lori Fiege	6/30/18	7/1/17	On Going			65% of sibling placed together in foster care	OCWDRU #1124 Sibling Groups where all Siblings are placed together on demand summary		
11	Reduce the number of children in licensed care placed outside the county to below 36% as the statewide averge measure.	Ray Fisher Lori Fiege	1/1/18	8/1/17	On Going	Our catchment area has five counties within close proximity and is very difficult to manage within current bed capacity limitation.		< 36% statewide standard	CARS Report		
12	Conduct review of available software and install comprehensive application to manage placements.	Dennis Andrews	11/1/17	7/1/17	On Going			100% completion of task	Internal documents		
13	Reduce the number of children placed in licensed foster homes through waivers from 50 to a lower level	Ray Fisher Lori Fiege	6/30/18	8/1/17	On Going	Potential Vendors- Carematch by Five Points, Mindshare, Data Management Shared Services, ECAP by Foster Care Technologies		Reduction below 50 homes at a safe level contingent upon increasing bed capacity	Licensed Foster Care Providers State Fiscal YTD OD Summary #1085 OCWDRU		
14	Review 100% of children in licensed care with a Sexual Abuse Prevention Safety Plan to ensure appropriate precautions are in place that do not prevent placement of siblings.	Michelle Farquharson	6/30/18	9/1/17	On Going			100% completion of task	Internal documents		

Childrens Ne twork of SWFL, LLC Viability Plan 2017-2018

4D	Increase Safety Management Services to allow children to be served safely in their home										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Reduce the current 23.43 rate of foster care children with a verified maltreatment per 100,000 days in care. (Statewide average is 10.39)	Ray Fisher Michelle Farquharson Maureen Coble	6/30/18	Pending	On Going	Subtasks include: (a)Conduct monthly and quarterly evaluation of reported incidents of verified maltreatment.(b) Operationalize reunification units consisting of staff who specialize in strengthening and supporting families (c) increase the number of Family Mentors assigned to reunified families.		10.39	CBC Scorecard Performance Meaures		
2	Increase the percent of children who achieve permanency within 12 months and do not re-enter foster care within 12 months	Maureen Coble	6/30/18	Pending	On Going	To improve this goal will required the following steps: (a) Provide training to Case Managers, Caregivers and Stakeholders on preventive actions to reduce the likelihood of repeated maltreatment..		Permanency < 12 months maintain 40.5% Reenter foster care 87.6%	OCWDRU #1099		
3	Reduce % of total children served in Foster Care placement (Out of Home Care) to 35%.	Ray Fisher Maureen Coble	6/30/18	4/1/17	On Going	At the end of June 2017 48% of children in Out-of-Home care were in foster care. Subtask include continued improvement in families access to Non-Relative Caregiver funding.		35%	DCF Dashboard		
4	Increase the percent of children served in-home Non-Judicial by 20%	Ray Fisher Maureen Coble Karen Turcotte	6/30/18	Pending	On Going	Currently 141 children served as In-Home Non-Judicial cases in all counties. Create a specialized unit (FAST- Family Assessment Support Team) that provides intensive supervision and services to very non-judicial in home, very high risk and unsafe children who are involved with the Department of Children and Families. Operationalize the FAST unit: a. Conduct site visit at Family Support Services of North Florida b. Train staff on motivational interviewing c. Train staff on effective family engagement techniques d. Utilize MCAP staff to support Case Managers		20% increase in chidren served	CARS Report		

Additional reporting for CBCs: Must be included in SFY 2017-2018 plans

	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
	6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
CBC	1532	1580	1565	1540	1530		118	115	117	117	112
	OHC Performance						RGC Performance				
	Quarterly number						Quarterly number				

Community Based Care of Central Florida, Inc.
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 55,291,962

   b. Estimated Carry Forward Funding $ 0

   c. Total $ 55,291,962

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 55,940,002.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (1,174,929).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

    a. Core Services Funding $ 55,291,962

    b. Estimated Carry Forward Balance on 6/30/2017 $ 0

    c. Other projected revenue (identify) $ 0

    d. Total $ 55,291,962

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 56,510,534.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (1,218,572).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

    If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

    Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

    a. Factors related to entries into care.

    b. Factors related to the cost of children while in care.

    c. Factors related to exits from care.

    Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

    Primary causal factors identified for Orange, Osceola and Seminole counties are time to Permanency (scorecard M05) and Placement Moves Per 1000 days in care (scorecard M08). Expenditures are expected to decrease as a result of outlined strategies listed in the Action Plan.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

Please see Attachment C-2, Financial Viability Action Plan – CBCCF, for strategies specific to the following areas:

A. Reduce out-of-home care expense through increase in foster home capacity.

B. Decrease time to permanency for children in out-of-home care.

C. Decrease utilization of residential group care and/or high-end placements.

D. Increase opportunities for cost-sharing with related funding agencies (Agency for Persons with Disabilities, Department of Juvenile Justice, Managing Entity).

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 14,309,339

   b. December 31, 2017 (92 days) $ 14,136,406

   c. March 31, 2018 (90 days) $ 14,119,318

   d. June 30, 2018 (91 days) $ 13,945,471

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   CBCCF is prepared to handle potential cash flow concerns by having a secured 5 million dollar line of credit. This line of credit is in place, however has never been utilized. Providers are paid timely through scheduled FSFN imports for Adoption stipends, Foster Care stipends, Independent Living stipends and Group Facility payments. CBCCF has never deviated from the monthly scheduled payments of these FSFN imported expenses due to cash flow issues. The DCF fixed, advance payment method of funding CBCCF allows CBCCF to pay contracted providers timely, including Case Management Organizations. The line of credit serves as a backup should DCF experience a delay in paying Lead Agencies due to natural disasters, such as hurricanes.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

CBCCF performs Fiscal Monitoring on contracted providers. CBCCF uses a Risk Assessment tool to determine the frequency of fiscal monitoring. Most contracts are fiscally monitored annually. The fiscal monitors include a review of:

- Review of required Quarterly Expenditure Reports. Allowable expenses are tied back to the provider general ledger. Current financial condition is assessed. This may include trend analysis in addition to point in time.
- Review of most recent CPA audit to identify findings or questioned costs.
- Sampling of expenses to verify that proper controls and backup are in place, including approval of expenses. Sampling is also used to determine allowability of expenses.
- Review of most recent balance sheet.
- Analysis of profit and loss statements.
- Verification of deferred revenue to insure revenue is recognized properly.
- Latest line of credit bank statement.
- Fiscal Monitoring may result in corrective action or a detailed plan of provider fiscal viability.

9. Additional information – Include any supplemental information that is relevant to your plan.

In defining Action Steps for the Financial Viability Plan, reductions in contracted case management services were not considered a viable option as case ratio of 1:20 have been established as a safe level of volume per case carrying position. Going forward, CBCCF will work collaboratively with DCF for equitable allocation of funds that meet the needs of our community.

1. *Community Based Care of Central Florida* Financial Viability Plan June 2017-June 2018											
A.	Reduce out-of-home care expense.										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Accurints Background Screenings will be completed by CPI for all children at initial removal, increase placement to approved relative/non-relative.	DCF Regional Staff; County Executive Directors	6/30/18	9/1/17		Baseline = 69.2% (cumulative FY1617); Operations Manager will flag	Baseline = 69.2% (cumulative FY1617); Operations Manager will flag	75%	CTS Schedule, by County	Q1 - 70.6% Q2 = 72% Q3 = 73.4% Q4 = 75%	Cost savings Projection: Q1 = $40,612 Q2 = $81,222 Q3= $121,834 Q4 = $168,247 Total FY17-18 projected cost savings = $411,914
2	Decrease disruption rate of approved placements through increase in support to caregivers through utilization of Placement Support Staffings.	County Executive Directors	6/30/18	10/1/17		Baseline = 13.83% disruption rate, FY1617; Kinship Services staff will support attendance and participation of caregivers in FSTs. New FTE Family Support Coordinator to be added to Orange Kinship Services effective October 1.	Baseline = 13.83% disruption rate, FY1617; Kinship Services staff will support attendance and participation of caregivers in FSTs. New FTE Family Support Coordinator to be added to Orange Kinship Services effective October 1.	7% (decrease rate by 50%)	Intake & Placement Argos report detailng incidence of disruptions from relative/non-relative palcements.	Q1 - 12.13% Q2 = 10.43% Q3 = 8.73% Q4 = 7%	
B.	Decrease time to permanency for children in out-of-home care.										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Ensure Family Service Team (FST) staffing occurs within first 30 days of placement, and case is staffed every 90 days thereafter. Continue to support CMA in achieving monthly targets of exits, closures and permanency (targets determined for each CMA based on volume).	County Executive Directors	6/30/18	9/1/17		Baseline = 62% of cases that have FST within 30 days after CTS, FY1617). *baseline to be validated during Q1 FY1718	Baseline = 62% of cases that have FST within 30 days after CTS, FY1617). *baseline to be validated during Q1 FY1718	80% of FSTs occur within 30 days after CTS, annually	Internal Report *seeking to automate during Q1 FY1718	Q1 - 66% Q2 = 70% Q3 = 74% Q4 = 80%	
2	Increase support to kinship caregivers through increased referral and capacity in Kinship Services.	Beth Batten	6/30/18	9/1/17		Baseline = Total 71 cases served by CHN for Kinship Services in FY1617.	Baseline = Total 71 cases served by CHN for Kinship Services in FY1617.	100 # cases opened to services (tri-county), annually	Children's Home Network subcontractor monthly report	Q1 - 78 cases Q2 = 85 cases Q3 = 92 cases Q4 = 100 cases	

1. *Community Based Care of Central Florida* Financial Viability Plan June 2017-June 2018											
C.	Decrease utilization of residential group care and/or high-end placements.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	
1	Pursue a net increase of licensed foster homes.	Beth Batten	6/30/18	7/1/17		Baseline = 354 homes as of 6/30/17 (652 beds)	Baseline = 354 homes as of 6/30/17 (652 beds)	10% net increase, annually.	DCF Licensing Report	Q1= 363 homes Q2 = 372 homes Q 3 = 381 homes Q4 - 389 homes	Cost savings projections: Q1 = $22,275 Q2 = $44,550 Q3 = $66,825 Q4 = $86,625 Total annual cost savings of $220,275.
2	Decrease disruption rate of foster homes through increase in support to foster parents through utilization of Placement Support Staffings.	Beth Batten	6/30/18	9/1/17		Baseline = 37.36% disruption rate of licensed family foster homes, FY1617.	Baseline = 37.36% disruption rate of licensed family foster homes, FY1617.	19% (decrease rate by 50%)	Intake & Placement Argos report detailng incidence of disruptions from foster home placements.	Q1 - 32.76% Q2 - 27.16% Q3 - 23.56% Q4 - 19%	Cost savings Projections: Q1 = $165,825 Q2 = $165,825 Q3 = $165,825 Q4 = $165,825 Total annual cost savings of $643,500
3	Pursue a net decrease of children in high-end placements ($95+/day)	County Executive Directors; Tom Greenman	6/30/18	9/1/17		Baseline = 230 children in high-end placements as of 6/30/17. Strategies include exploring all family placement resources, utilizing 14-day community bed in appropriate setting, engage delinquency court judges, and enacting tighter controls on authorization process of high-end placements/length of placement.	Baseline = 230 children in high-end placements as of 6/30/17. Strategies include exploring all family placement resources, utilizing 14-day community bed in appropriate setting, engage delinquency court judges, and enacting tighter controls on authorization process of high-end placements/length of placement.	5% net decrease, annually.	Argos report.	Q1- 227 Q2 - 224 Q 3 - 221 Q4 - 218	Cost savings projections: Q1 = $25,650 Q2 = $51,300 Q3 = $76,950 Q4 = $102,600 Total annual cost savings of $256,500
4	Engage in ongoing foster home matching for teens, seperated sibling groups and children in group homes.	Beth Batten	6/30/18	7/1/17	Ongoing	Baseline = 13 matched in FY1617.	Baseline = 13 matched in FY1617.	20 matches, annually.	Internal report utilizing Argos placement rate data.	Q1- 5 cumulative Q2 - 10 cumulative Q 3 - 15 cumulative Q4 - 20 cumulative	Cost savings projectionss: Q1 = $12,375 Q2 = $24,750 Q3 = $37,125 Q4 = $49,500 Total annual cost savings of $123,750.00

1. *Community Based Care of Central Florida* Financial Viability Plan June 2017-June 2018										
D.	Increase opportunities for cost-sharing with related funding agencies (Agency for Persons with Disabilities, Department of Juvenile Justice, Managing Entity)									
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Of children who are APD/DJJ/ME eligible, within sixty days of expected permanency and/or turning 18, CBCCF staff will initiate a reevaluation of current needs, placement and funding status.	Vanessa Monn	6/30/2018	7/1/2017	Ongoing			8 moves, annually	Internal report.	Q1- 2 cumulative Q2 - 4 cumulative Q 3 - 6 cumulative Q4 -8 cumulative	Projected cost avoidance: Q1 = $50,400 Q2 = $44,550 Q3 = $151,200 Q4 = $201,600 Total annual cost avoidance of $201,600
2	Contract with waiver support coordinator to divert new cases from coming into care (APD-eligible)	Vanessa Monn	6/30/2018	7/1/2017	Ongoing	Baseline = 100%; 27 of 27 cases referred in FY1617 diverted from placement into care.	100%	100% of referred cases are diverted from care, annually.	Internal report.	Q1 - 100% Q2 = 100% Q3 = 100% Q4 = 100%	Projected cost avoidance: Q1 = $176,400 Q2 = $352,800 Q3 = $529,200 Q4 = $705,600 Total annual cost avoidance of $705,600

Additional reporting for CBCs: Must be included in SFY 2017-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan (Licensed OHC)				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		$12,595,799 (704)	$2,903,845 (669)	$2,647,328 (595)	$2,623,081 (524)	$2,577,885 (456)		$7,863,696 (200)	$1,779,766.60 (190)	$1,622,547.33 (169)	$1,607,686.34 (149)	$1,579,985.71 (130)
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Community Partnership for Children
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

    a. Core Services Funding $ 25,545,017.00

    b. Estimated Carry Forward Funding $ (100,000.00)

    c. Total $ 25,445,017.00

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 24,931,511.00.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 513,506.00.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

    a. Core Services Funding $ 25,545,017

    b. Estimated Carry Forward Balance on 6/30/2017 $ (100,000)

    c. Other projected revenue (identify) $ 148,400 (CBCAP)

    d. Total $ 25,593,417

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 25,690,901.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (97,484.00).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

    If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

    Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

    a. Factors related to entries into care.

    Clearly with our 80% increase during the three-year time period stated earlier, the increase in children overwhelmed our system of care both programmatically and financially. In addition, we had a decrease in discharges that compounded the problem.

    During this same two-year period, we implemented the Florida Safety Practice Model, unfortunately due to the complexity of this methodology there were some unintended consequences. These consequences included a much longer learning curve on the model and increased the turnover rate in child protective investigators. The turnover of CPI staff appeared to be a contributing factor to the increased shelter numbers. Additionally, the concept of safety services to keep children in their homes was an evolving process that has resulted in our Family Builders program that appears to be having a positive impact on the number of children that are being sheltered.

    b. Factors related to the cost of children while in care.

    The primary contributing factor is the number of children placed in group care due in part to lack of availability of foster home options. Our children in group care doubled during the two-year period of time.

c. Factors related to exits from care.

First as reported earlier, it was noted that exits from care decreased during the period when entries into care increased. We are working diligently to increase our exits which was mentioned earlier in this report and will be part of our action plan.

Secondly, there is still a learning curve regarding the "Conditions of Return" within the Safety Methodology. The entire child welfare system partners are still learning how to utilize and testify as to the conditions of return in court proceedings. This is clearly an opportunity for improvement going forward in order to increase exits from care to permanency.

There are two primary drivers that appear to be causing increase expenditures over the past year:

A. <u>OHC – Out of Home Care</u> – according to the OHC trend chart and CPC's System of Care Data report, our OHC numbers went from 654 on 7/1/2014 to 1,180 children on 6/30/17 (526 more children) which increases our OHC to 80% over this period of time. This increase is due to both an increase in shelters and a decrease in discharges from out of home care.

The overall removal trend indicates that progress was made in FY2017 regarding reducing the average number of children removed per month. In FY 2015, an average of 54 children a month were removed from their homes. In FY 2016, the number of children removed increased to a monthly average of 68, then in FY 2017 the average number of children a month removed from their homes decreased slightly to 52. Although we continue to see a downward average trend, CPC will continue to monitor this critical driver of increases to the OHC population served.

The overall decrease in discharges during the time period that we saw the significant increase in intakes is also a primary driver that appears to be causing an increase in OHC expenditures over the past year. The average number of monthly discharges from OHC for FY 2017 was 40, which exceeds the average number of removals and contributes to the overall OHC total.

B. <u>RGC</u> – Community Partnership for Children has experienced an increase in teenagers coming into care due to parental abandonment or lock outs causing an increase of placement of teens into group care which also drove costs above budgeted expectations. Also, because of the increase in OHC mentioned above, Community Partnership for Children maximized and over capped our foster home resources causing us to use residential group care for some children, including those under the age of 13 that normally would have been placed in a foster home setting. Group care can cost at least five times more than traditional foster care which has led to budget deficits in this line item this past fiscal year.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan.

Attachment C-2 is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

A. We will continue to increase Safety Services to be used by Child Protective Investigators to reduce entry into OHC. The Family Builders Program started October 1, 2016 which has provided intensive family-focused interventions and crisis support in order to maintain children safely in their homes. This has reduced children coming into shelter care. In the 9 months from October to June in FY 15-16 there were 601 children that entered shelter care. In the same 9 months in FY 16-17 there were 412 children sheltered representing a decrease of 31.5%.

B. We are currently looking at all cases in care 18 months or longer to determine the barriers to permanency. We will be working with the Casey Foundation on a Permanency Roundtable Project that aims toward achieving permanency for children that have been in care for more than 24 months by ongoing barriers to finalizing the permanency plan. Unfortunately our length of stay increased from 10 months to 13 months this past year. Part of this challenge was that Conditions of Return were not part of Statute till earlier this year and we also had two new Judges take over the bench in Daytona Beach. The new Judges are beginning to work with us on Conditions of return and all judges have now been trained.

C. We have continued two projects going regarding children placed in group homes. First, we are reviewing clinical necessity for step down for children 6-12 years old in group care. Through this project we anticipate being able to step down 5 children this current fiscal year into traditional foster care or to permanency. Secondly, we are actively recruiting foster parents to work specifically with teenagers through an enhanced foster care arrangement. The foster parents would receive an enhanced rate and wrap around care. We anticipate being able to reduce 11 teenagers out of group care this fiscal year.

For CBCs who do <u>not</u> project a core services deficit in SFY 2017-18 and were <u>not</u> required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ <u>6,660,768</u>

   b. December 31, 2017 (92 days) $ <u>6,360,711</u>

   c. March 31, 2018 (90 days) $ <u>6,319,711</u>

   d. June 30, 2018 (91 days) $ <u>6,349,711</u>

7. If you do <u>not</u> realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client

services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   Not Applicable for Community Partnership for Children.

   For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   - Review of most recent CPA audit to identify findings or questioned costs,
   - Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
   - Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
   - Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
   - Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.

   We believe that our financial challenges are currently due to the pure volume of children in the OHC system. This volume has led to having to hire additional employees in order to meet the demand. In addition, we depleted our foster home capacity halfway through this past year causing us to utilize more expensive group care options for placement. We would like to focus our plan specifically on reducing OHC through both increase in successful discharges and decreases in entries into the system. We will focus the plan on a 15% decrease in OHC which will drive placement cost and staff cost down closer to budget.

   It is important to note that there is a significant confounding variable in reduction of children in group care leading to the cost savings. For example: In July 2016 we reduced residential group care by 7 children which would normally lead to a cost savings of about $800/month, however we received two high cost youth in August that are being served in group care which costs $750/month. Therefore, success with the identified goals may not necessarily lead to the anticipated cost savings.

1. *Name of CBC* Financial Viability Plan June 2017-June 2018											
1A	Process and timeline for how Community Partnership for Children plans to reduce OHC to 1003 or by 15% (177 children from a Baseline of 1180) by June 30, 2018										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Safely serve children through intensive in home services and use of the Integrated Practice Team approach in order to prevent removal and maintain children safely with their families.	Karin Flositz, COO-	July 2017 and ongoing	July 2017	In Process	Family Builders program will provide crisis oriented and intensive family intervention geared toward short term safety services and Non Judicial Case Management services will provide longer term treatment services to prevent removal. IPT will focus on complex cases by providing an intensive action plan that intended to divert children from out of home care. Average shelter rate for 2016-2017 was 52 children per month.	Planning	Reduce children removed per month to an average of 47 children which is a 10% reduction.	FSFn Children As Active Dependents	July 1-Sept 30 = 52 Oct 1-Dec 31 = 50 Jan 1-March 31 = 49 April 1-June 30 = 47	
3	Increase discharges to permanancy while utilizing Conditions for Return in cases where children can return home safely with safety services and through the use of the Casey Family Programs Rapid Permanency Roundtable process for children in care over 24 months.	Mark Jones, CEO Kellie McKenzie, Director of CM	July 2017 and ongoing	July 2017	In Process	CPC is utilizing Conditions of Return as a way of returning children home with safety services even though all case plan tasks may not have been completed yet. Additionallly, CPC isimplementing Rapid Permanency Roundtable process with Casey Family Program to increase discharges for children in out of home care over 24 months.	Planning	Increase monthly discharges by 25% over baseline which is currently 40. Target is average of 50 discharges per month.	FSFn Discharges from Out of Home Care	July 1-Sept 30 = 40 Oct 1-Dec 31 = 43 Jan 1-March 31 = 47 April 1-June 30 = 50	
1B	Process and timeline for how Community Partnership for Children plans to reduce the total number of children placed in traditional residential group care by 20% to 65 (16 children from the Baseline of 81) by June 2018										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
1	Reduce the number of children ages 6-12 in traditional residential group care settings.	Danielle Antoine, Director of Programs	July 2017 and ongoing	July 2017	In Process	The goal is to reduce the number of children ages 6-12 in group care settings by five children by increasing foster home capacity for children and safely reaching permanency through utilization of the Rapid Permanency Roundtable process for children in the targeted age group. The baseline total as of July 1, 2017 is 15 children. The target reduction is a total of 5 children or a total of 10 children in group care ages of 6 - 12 by June 30, 2018.	Baseline	Children 12 and under in RGC. Baseline Number is 15 children. Target reduction is 5 children for a total of **10** children.	FSFn: Clients Active in Out of Home Care Listing	Totals per quarter: July 1-Sept 30 = 15 Oct 1-Dec 31 = 13 Jan 1-March 31 = 12 April 1-June 30 = 10	
2	Reduce the number of children ages 13 and over in traditional residential group care settings.	Danielle Antoine, Director of Programs	June 30, 2017	July 2017	In Process	The goal is to reduce the number of children ages 13 and over in group care settings by 11 children by increasing foster home capacity for teenagers and safely reaching permanency through utilization of the Rapid Permanency Roundtable process for children in the targeted age group. The baseline total as of July 1, 2017 is 66 children. The target reduction is a total of 11 children or a total of 55 children in group care ages 13 and over by June 30, 2018.	Baseline	Children 13 and over in RGC. Baseline Number from July 1, 2016 is 66 children. Target reduction is 11 children total of **55** children.	FSFn, Clients Active in Out of Home Care Listing	Totals per quarter: July 1-Sept 30 = 66 Oct 1-Dec 31 = 62 Jan 1-March 31 = 59 April 1-June 30 = 55	

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
CBC		1180						94				
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Devereux Community Based Care
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 22,227,363

   b. Estimated Carry Forward Funding $ 774,541

   c. Total $ 23,001,904

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 22,119,426.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 1,630,148.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 22,227,363

   b. Estimated Carry Forward Balance on 6/30/2017 $ 950,000

   c. Other projected revenue (identify) $_________________.

   d. Total $ 23,177,363

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 22,536,864.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 640,499.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   We do not project a core services deficit for FY 2017-2018.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

Fiscal Year Ending	2012	2013	2014	2015	2016	2017
C19 removal rate	3.64	3.21	3.43	4.26	3.59	4.10
State removal rate	3.69	3.29	3.68	3.87	3.88	4.09

Fiscal Year Ending	2012	2013	2014	2015	2016	2017
C19 average monthly removals	37.5	33	35.16	43.6	36.5	41.8

The average number of removals per month in SFY 2015 was higher than previously experienced in Circuit 19. IN SFY 2016, the average number of removals per month is comparable to the historical number of removals in Circuit 19, a factor that was favorable to our budget in SFY 2016. SFY 2017 removals were higher than SFY 2016, and were higher than the state average. This occurred despite increased utilization of safety management services, for a total of 143 families served in FY 2016-2017. Actions to be taken include analysis of the factors contributing to the increase in removals, including availability and specific maltreatment focus of both formal and informal safety management services. DCBC will also be involved in the development of the community response that is presently being undertaken to the Opioid crisis, which appears to be contributing to the increase in shelters.

b. Factors related to the cost of children while in care.

- DCBC continues monthly monitoring of the rate of foster home utilization versus group care for placement. The SFY 2015- 2016 average number of children in group settings was 127. Despite a net loss of 26 foster care beds in SFY 2017 and an increase in the shelter rate, DCBC averaged 113 children in group settings in SFY 2017, and met our June 2017 target of no more than 109 children in group home settings. We attribute this 11% decrease in group home usage in part to increasing utilization of foster homes, through a performance-based contracting mechanism that paid foster care support contracts based upon bed utilization. Our SFY 2017 contracts continue this payment mechanism, and additionally require net foster bed increases as a performance standard.

- DCBC will also continue to monitor the cost of care for children in care as a primary result of APD, DJJ and Mental Health lockouts. The majority of these children have historically been placed initially in group settings, and the majority continue to require group settings. There are currently 17 lockout children whose care is fully funded by DCBC, and an additional two youth who are active in extended foster care. 12 lockouts occurred during FY 2016-2017, a reduction from the 19 who entered care through lockout the prior fiscal year. Cost savings for DJJ lockout children will only occur through cost avoidance by earlier intervention/prevention of lockout shelters in the first place, or if DJJ agrees to cost share out of home placements costs for DJJ-involved children for whom lockout could not be prevented. Cost savings for mental health lockout children can be achieved through Medicaid approved placement in Medicaid funded settings. Savings generated from successful actions of any of these endeavors will contribute to, but not occur in addition to the DCBC Residential group care line item savings.

c. Factors related to exits from care.

- DCBC will continue monthly monitoring of timely permanency indicators, including discharges from out of home care to reunification. Circuit 19 has achieved a 26% reduction in the number of children in out of home care over the past two fiscal years.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do <u>not</u> project a core services deficit in SFY 2017-18 and were <u>not</u> required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

   We do not project a core services deficit for SFY 2018. Actions to monitor and mitigate unforeseen changes to our system of care include:

   a. Factors related to entries into care.

   - Monthly joint review of the DCF Southeast Region CPI shelter report for relative/non- relative placement percentages.
   - Safety management services utilization–monthly review of contracted provider reports to ensure maximum utilization of available capacity. The contracted capacity for safety services is 36 families at any given time, and this utilization goal established last year is met the majority of the time. However, additional review is required to ensure that the service is effectively deployed and continues to meet the need of the target population, as there has not been a decrease in the rate of shelters as a result of full utilization. As a component of our safety management services evaluation, DCBC will engage C19 CPI leadership in a review of recent shelters, and identify whether the availability (or lack thereof) of particular types of safety management services (including formal and informal) factored into shelter decision making.
   - Strengthen local forums for development and engagement of supports of families with expected outcome of greater prevention or more timely resolution of APD, DJJ and MH lockouts. Devereux CBC is leading a local community forum in our largest county to develop and engage lockout prevention strategies. Devereux CBC will also continue to engage in statewide forums to address crossover policies that impact local practice.

   b. Factors related to the cost of children while in care.

      - Establish a June 2018 target maximum of 95 group placements, based on a FY 2016 average utilization of 127, and FY ending 2017 baseline of 109. The target assumes a

rate of shelters, and number of children sheltered, into licensed care at or below the rate experienced in FY 2016- 2017.

- Established foster home recruitment targets of 73 net new foster home beds.

- Continue performance –based contracting with subcontracted recruitment agencies based on foster home utilization.

- Monitor for impact that lack of availability of child care slots may have on foster home ability to take placements.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 5,659,624.67

   b. December 31, 2017 (92 days) $ 5,595,249.21

   c. March 31, 2018 (90 days) $ 5,541,693.91

   d. June 30, 2018 (91 days) $ 5,740,296.21

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities? N/A

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   Devereux Community Based Care employs the example strategies as detailed below to support subcontract provider budget analysis and rate development. However, these are not conducted with an intent to oversee the subcontracted organization's financial viability, but rather to ensure that only reasonable, allowable and necessary costs are included in the budget for DCBC purchased services. The information in our reviews is limited to the approved budget for the services purchased, and as such does not have the scope to detect any viability concerns that may exist for a large non-profit operating in multiple circuits. We believe the role of financial viability to be that of the non-profit organization's Board of Directors.

   For example, listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   - Review of most recent CPA audit to identify findings or questioned costs

   - Conducted annually; review of quarterly revenue & expenditure reports which we compare to their

approved annual budget and meet if we see any red flags

- Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.

- Not conducted- we believe this to be the purview of the Provider's Board o*f Directors*.

- Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
    - Conducted quarterly- limited to a review of expenditure report for approved subcontractor budget as opposed to the entire organization.

- Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
    - No history of this type of request from subcontractors- payments are routinely made within an average of two weeks following invoice approval.

- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.
    - Subcontractors are required by contract to report key leadership changes to Devereux CBC immediately or no later than 30 days of occurrence.
    - Turnover of Case management services is tracked monthly. The CHS CMO contract was changed for this fiscal year so that case manager positions that are vacant over 45 days are not funded (to encourage timely filling of positions), contract mangers meeting monthly with CHS to discuss staffing concerns which is a standing item on the agenda

9. Additional information – Include any supplemental information that is relevant to your plan.

N/A

Factors related to entries into care

	Goal*											
	Reduce rate of entries into licensed care by 2 per month compared to same month prior fiscal year.											
	Action Steps	**Person Responsible**	**Goal Date**	**Initiated**	**Status**	**Comments**	**Target**	**Data source**		**Oct-17**	**Nov-17**	**Dec-17**
a.	analysis of factors											
a.	Evaluate jointly with Southeast Region management the utilization and needed capacity of current safety management services to support in-home safety plans.	Lorrene Egan/Denise Natalizio-Waninger/Cheri Sheffer/Andi Poli	October 2017	July 2017	In Process	In the prior fiscal year, utilization of SMS increased, to the degree that inability to accept referrals has occurred on occasion. Capacity and specific type of service needs that may divert additional shelters will be the focus of the FY 2017-2018 review.	95% utilization of 36 slots(34 slots)	Safety management services contract reports				
b.	Develop and implement mechanism to evaluate jointly with Southeast Region management the impact of safety management services in reducing the C19 shelter rate.	Lorrene Egan/Denise Natalizio-Waninger/Cheri Sheffer/Andi Poli	December 2018	October 2017	Pending	In 2016-2017, the shelter rate in C19 increased, despite greater utilization of safety management services. (143 families) The 2017-2018 review will include evaluation of types of SMS needed and not currently available in order to inform next steps.	3 shelter diversions per month	Safety management services contract reports				
c.	Evaluate jointly with Southeast region progress toward goal of 66% of new shelters achieving and maintaining placement in Relative/non-relative placements.	DCBC County Directors	June 2018	September 2016	Pending	average of 53% initially placed with relatives in FY 2016-2017	66% of new shelters enter and remain in Relative/Non-Relative Care	CPI shelter log				
d.	Reduce the number of new shelters that occur as a result of APD, DJJ or MH lockouts by strengthening local forums for development and engagement of supports of families.	DCBC management team	June 2018	April 2016	16 lockouts occurred in Fiscal year 2015-2016; 12 in FY 2016-2017	1. During 2016-2017 the number of lockouts reduced from 16 to 12.	<12 new lockouts for FY 2017-2018	placement lockout tracking log				
e.	Continue to engage in statewide forums to address crossover policies that impact local practice	Carol Deloach	December 2017	July 2017	In Process	DCBC has provided case specific information to inform state level efforts on prevention of DJJ lockouts. Additional circuit level protocols are under development to increase communication regarding dually served youth.						

Factors related to cost of children while in care

	Goal*											
	Reduce the number of children placed in shelter or group settings to 95 by May 2018											
	Action Steps	**Person Responsible**	**Goal Date**	**Initiated**	**Status**	**Comments**	**Target**	**Data source**		**Oct-17**	**Nov-17**	**Dec-17**
a.	Identify population of children in group or shelter settings who are in shelter or group due to unavailability of foster homes. Continue targeted recruitment and foster home matching plans with contracted child placing agencies.	Cheri Sheffer, Lorrene Egan, Denise Natalizio-Waninger, Caryn Toole	ongoing	2/2016	ongoing	Ongoing Monthly Targeted Recruitment (TRL) meeting with contracted child placing agencies. Ongoing Out of home care reviews for each child in OOHC, progress toward permanency or relative placement efforts. Barriers and actions to overcome are identified and implemented from this meeting. This is also used to identify new children for the TRL process.	10 children placed in foster homes or relative homes through Targeted Recruitment actions in FY 2017-2018	TRL tracking list				
b.	Continue performance based contracts with contracted child placing agencies to ensure optimal utilization of foster beds.	Andrea Poli/Cheri Sheffer	7/1/2017	4/2017	Completed	85% bed utilization payment mechanism continued from prior fiscal year, with net foster home bed increases included as performance measures for FY 2017-2018 contracts.	net bed increase of 73 by June 2018	subcontracted recruitment agency Contract reports				
c.	Increase number of foster homes/foster beds	Cheri Sheffer, Denise Natalizio-Waninger, Andrea Poli	6/30/2018	7/1/2017	ongoing	Contract targets for FY 2017 require 76 net new beds for the circuit. A minimum of 7 must be homes that will take sibling groups or teens. Net Target is based upon most recent historical data on home closures.	76 net new beds	subcontracted recruitment agency Contract reports				
d.	Monitor for occurrence of placement refusals due to subsidized child care availability	Denise Natalizio-Waninger, Josie Kirchner	ongoing	4/1/2017	ongoing	local forum established with our Early Learning Coalition for ongoing communication	No placements that are unable to be made due to lack of child care resource	placement tracking log				

* goals assume a rate of shelters, and/or number of children sheltered, into licensed care at or below the rate experienced in FY 2016- 2017.

Eckerd Community Alternatives – Hillsborough County
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 55,584,469

   b. Estimated Carry Forward Funding $ (181,179)

   c. Total $ 55,403,290

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 55,037,797.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 329,493.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 55,584,469

   b. Estimated Carry Forward Balance on 6/30/2017 $ (286,004)

   c. Other projected revenue (identify) $ 23.639

   d. Total $ 55,322,104

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 56,648,079.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (1,325,975),

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

   During FY 16-17, C13 experienced an unprecedented 24% growth in the number of youth entering the child welfare system. Eckerd experienced a 30% increase in the number of children served in OHC since FY 15 compared to the state average of 16%. This penetration rate resulted in Eckerd having one of the highest number of removal rates experienced within the State of Florida and the greatest growth experienced by Hillsborough County within a 10 year timeframe.

   b. Factors related to the cost of children while in care.

      i. Average daily board rate: $48.83 as of 08/31/17 which is up from $45.30 at the end of last calendar year (12/31/2016). Part of the increase in the average daily rate can be directly attributed to an increase in serving 76 more youth in licensed OHC (approximately 8% increase).
      ii. Average cost of residential placement: $137.28 as of 8/31/2017 which is up from $123.89 at the end of last calendar year (12/31/2016). This increase can be directly attributed to a net gain of 25 of the 76 youth being served in a residential group care setting.
      iii. Average cost of foster bed: $17.61 as of 8/31/17, down from an average of $18.39 as of 12/31/2016.

c. Factors related to exits from care.

Each year, Eckerd establishes an internal target to exit a set number of youth per month to keep abreast of system growth. Despite a 24% increase in system growth (average of 148 entries per month in OHC), C13 was still able to exit a total amount of 1,483 youth from OHC (an average of 124 per month). Eckerd was unable to outpace the system growth which led to the funding of additional case management positions to ensure caseloads were maintained at a 1:17 case manager to child ratio.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do <u>not</u> project a core services deficit in SFY 2017-18 and were <u>not</u> required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ <u>14,312,357</u>

   b. December 31, 2017 (92 days) $ <u>14,071,682</u>

   c. March 31, 2018 (90 days) $ <u>13,659,979</u>

   d. June 30, 2018 (91 days) $ <u>13,278,086</u>

7. If you do <u>not</u> realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   ✓ Eckerd monitors OHC daily expenditures through a daily report that is submitted to the Executive Leadership team for review. This report reflects our net gain or reduction in OHC cost daily and compares daily OHC expenditures to our budgetary daily target. This report also captures the net

gain or reduction of youth by placement type (foster/residential) and also includes the daily average cost of serving a youth in OHC. Eckerd utilizes this report to detect trends in OHC that require attention.

- ✓ Each year, Eckerd establishes a licensed out-of-home care target that challenges the lead agency to safely reduce the number of children serviced in paid placement by 5%. These goals are established regardless of the increase in the number of youth entering OHC.

- ✓ Eckerd has a system that triggers Executive Director Approval for placement of any youth in an OHC placement costing > 100 per day. This measure is in place to ensure the appropriate steps have been taken to for identification of the most appropriate level of care. It is the objective of Eckerd to leverage Medicaid funding whenever possible.

- ✓ Eckerd is working collaboratively with system partners to strengthen services for youth served through multiple systems (DJJ, APD, SAMH, etc.…) so that youth can be stabilized in lower levels of care. Currently, Eckerd has 27 teen youth that fall within this category with the highest daily rates being paid to stabilize the population.

- ✓ Eckerd has historically done well recruiting foster families. Last year, Eckerd recruited more foster families than anywhere else within the State of Florida. Unfortunately, the system still struggles with retention of foster homes. In C13, Eckerd subcontracts with 9 different Child Placement Agencies responsible for the recruitment, licensing, and retention of foster homes. This year, we are revisiting with all system partners ways that we can better support foster homes and improve overall retention rates. We believe these efforts will allow us to reduce the number of youth currently placed in RGC settings and realize an overall savings in OHC cost.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   ECA13 will assess the financial viability of its major subcontractors as follow:

   - Review of most recent CPA audit to identify findings or questioned costs.
   - Perform financial analysis of the financial statement information that assesses current ratios and debt ratios.
   - Review of submitted expenditure reports (at least quarterly) to assess current financial condition compared to their submitted spending plans.
   - Strategies to address with provider when their submitted spending plan represents a deficit.
   - Strategies to address with providers when they request early payment of invoices for cash flow purposes.
   - Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.

Eckerd Community Alternatives Hillsborough Financial Viability Plan June 2017-June 2018											
1	Factors Related to Entries										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
A	High Risk Tool and Diversion Staff Triage: Implement a High Risk criteria for diversion services. The lead agency will triage any request to access diversion services to ensure the most appropriate families are benefiting from this intervention.	Heather Cazzola, Director of Diversion	6/30/2018	7/01/2017	On-Going	Eckerd began facilitating the intake process for all diversion referrals internally. This change has helped expedite acceptance of referrals for families with the greatest risk of penetrating the child welfare system and improved the partnership with HCSO/CPID.	10.69 in June 2017	Reduce removals by 3% (13.39 the average for Jul 2016- June 2017 for a total of 1,657 children)	Data Packet	July 1-Sept 30 = 406 children removed (12 less children then this time last year) Oct 1 - Dec 31= 405 Children removed (12 less children then this time last year) Jan 1 - March 31= 395 Children removed (12 less children then this time last year) April 1 - June 30 = 402 Children removed (13 less children then this time last year)	
B	Have a Domestic Violence Expert available to go out in the field on Investigation with CPID.	Heather Cazzola, Director of Diversion	Available to all units by 1/01/2018	05/01/2017	On-Going	Eckerd has met with CPID and The Spring (DV prevention agency) and set up a system to allow the DV advocate to go in the filed to help CPIs assess DV cases. The goal is to decrease the number of removals on DV cases and provide supports to safely provide the victim and children support services to help stabilize the family without judicial action.	Planning and piloting	Reduce removals by 3% (13.57 the average for June 2016- May 2017)	CPID Removal by Maltreatment spreadsheet, Monthly Report from the Spring	July 1-Sept 30 = 406 children removed Oct 1 - Dec 31= 405 Children removed Jan 1 - March 31= 395 Children removed April 1 - June 30 = 402 Children removed	3% of the total children removed in 2016/17 in Out of Home Care is 48 children at an average total daily rate of $56.48 per day per child. Total savings projected - $555,898.50. (calculation assumes 6 diverted beginning of the quarter and 6 diverted mid quarter)
D	Lock Outs: Conduct staffings to discuss youth with increased risk of entry to the foster care system due to a need for community mental residential or DJJ history services when identified.	Heather Cazzola, Director of Diversion	On-going	07/01/2017	On-Going	Diversion will identify community children with open child abuse reports or DJJ lock outs who are at risk of removal due to the need for community mental health and/or residential services. Diversion will work with DJJ to identify red flag criteria to identify younger youth who are not at the level of a lock-out, but need early intervention. These youth will also be staffed for services.	Planning	100% of youth identified will be staffed.	Internal CPID and DJJ Lock out Log	July 1-Sept 30 = criteria and process established for red flag staffings Oct 1-Dec 31 = report progress Jan 1-March 31 = report progress April 1-June 30 = report progress	
E	Communities of Hope/Community Cafes	Heather Cazzola and Jody Grutza	On-going	05/2017	On-going	Eckerd will collaborate with Casey Foundation to host Community Cafes through out Hillsborough County. These cafes will be focused on community engagement.	On-going	Quarterly community cafes	Internal Tracking	July 1-Sept 30 = Host One Community Cafe Oct 1-Dec 31 = Host One Community Cafe Jan 1-March 31 = Host One Community Cafe April 1-June 30 = Wrap up results for the year	

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
F	Cases will be flagged at Case Transfer Staffing for possible early exit from LFC.	Heather Cazzola, Director of Diversion and Brian Ronayne	On-going	8/21/2017	Planning	An assessment tool will be created to identify cases that can possible have early exits from LFC. The assessment tool will be used by the Eckerd Resource Specialists to flag potential early exit cases in the On going shelter email. The OPS staff will also use the assessment tool during Case Transfer Staffings to also identify these cases.	Planning	Review 100% of removals	Internal Tracker	July 1-Sept 30 = criteria and process established Oct 1-Dec 31 = report progress Jan 1-March 31 = report progress April 1-June 30 = report progress	A total of 5 children per quarter will exit LFC with in 90 days of shelter starting the second quarter. This would be at a cost on an average of $56.48 per day for a total of $119,426.24 for the year. (calculation assumes 2 beginning of the quarter and 3 end quarter)
2	Factors Related to Costs While In Care										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
A	Teen Incentive Program	Carole Randazzo	6/30/2018	7/1/2017	Ongoing	Identified 8 existing foster homes that currently take in more than 2 teens. 8 families with 16 children and increase at a minimum of 1 family two teens per month.	8 families/16 teens	12 families/24 teens per year	Internal	Minimum of 3 new families per quarter with 6 teens in program	Add 1 family and 2 teens per month. Total add for Fiscal year 12 families and 24 teens. Total savings $484,152.00 Qtr 1-37,494 Qtr 2-94,280, Qtr 3- 147,360, Qtr 4-205,018
B	TrueCore Behavioral Health Stabilization RCG- No Eject/No Reject	Jason Thomas	10-1-17	8-1-16	Ongoing	TrueCore Behavioral Health (formerly G4S is currently in the licensing process with DCF with an anticipated start date of 10/1	On Target	68 children for FY18 (12 children * 5.6 turnovers at 6 week LOS)	OHC Report	approx. 24 children per quarter	Q3 & Q4 - projected savings - $353,160.00
C	Staff every case over 15 months with roundtables for over a year - to brainstorm legal movement with OAG and GAL	Brian Ronayne	July	8/1/17	Planning	Through partnership with the OAG/GAL establish a list of all children with goal of reunification who have been in care 15+ months as of 7/1/2017. Current system in place has limitations but will be expanded to complete this action step.	500+ children as of 8/1/17	Review/Hold Staffings of 100% of children in OHC w/ Goal of reunification w/ Length of Stay 15+ months	FSFN Reporting (CARS), OAG Data sources, Internal ECA reporting	July 1-Sept 30= Identify cohort and complete initial reviews by ECA Ops team; Oct 1-Dec 31st- First round of collaboration staffings to include CMO, OAG and GAL on assigned cases.; Jan 1-March 31st; Continue staffings and	Reduce 12 kids; 2 in Qtr 2, 4 in Qtr 3 and 6 in Qtr 4. Calculations assume 1/2 of the exits occur in the beginning of the quarter and 1/2 occur mid quarter. Total savings $87,331.23
D	Reduce 0 to 12 in RCGs	Brian Ronayne and DeAndrea Thomas			Planning	OHC and OPS will collaborate by scheduling step down meetings on a bi-weekly basis. Meetings to include licensing data for foster homes.	107 children as of 8/4/17 in RCG ages 12 and under	4% reduction per quarter	Internal ECA data; FSFN reporting	Reduce 4 kids per quarter	Reduce 4 kids per quarter. Calculation estimates 2 step down beginning of quarter and 2 step down mid quarter. Total Savings $316,889.00

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
E	Increase RCG Capacity	Jason Thomas	Ongoing	7/1/16	Ongoing	We have continued to focus on increasing RGC Capacity, adding 16 new beds in FY17. We are targeting 17 additional beds by 9/15/17.	On target; 12 beds are scheduled to be opened by 8/11.	Increase quality RGC capacity to meet the needs of the SOC	Internal	Add 15 RGC beds per quarter; with 34 beds in Q1	N/A
F	Increase in FH Capacity - Sibling Groups	Carole Randazzo	Ongoing	7/1/2017	Ongoing	Last year C13 licensed 1 new foster home to accommodate a sibling group of 4. This year we will license 2 foster homes to accommodate sibling groups of 4.	Focus on licensing homes to accommodate sibling groups to take in groups of 4 and step down from group homes. License 1 by 2nd quarter and 1 by 3rd quarter.	Increase capacity per licensed traditional foster home to average of 2 beds per home. Increase capacity per licensed traditional foster home to average of 2 beds per home. License two homes twice a year for a capacity of 4 to step a sibling groups down. Each agency will be focusing on recruitment of larger capacities.	Internal	End first quarter at 1.7. If the first capacity of 4 home is licensed by 11/1/2017 and the 2nd home by 3/1/2017 cost savings for the year would be $101,556. Qtr 1 , -0, Qtr 2-17,019.00, Qtr. 3-33,759, Qtr. 4- 50,778.	$101,556
G	Operations/OHC/Licensing weekly step down meetings	DeAndrea Thomas	10/30/2017	9/18/2017	On going	OHC/Licensing/Operations	0	48 children	Out of Home Care Report and Internal Tracking	12	$6480.00 per day
H	CHN therapist/BA/TCM each kid residential	Jody Grutza and DeAndrea Thomas	October 2017	8/1/17	Ongoing	Working with Children's Home Network to offer both in home therapy and behavioral analyst services to youth in residential group care. This would all be billed to Medicaid so no cost to Eckerd but would help to stabilize and support youth.	N/A	Reduce placement moves	Internal		
I	Address SA/MH Costs and services	DeAndrea Thomas	October 2017	9/1/17	Ongoing	New Clinical Supervisor starts 8/28/17, this staff will ensure that these reductions are achieved.	N/A				
J	Families First grant for STFC	Jason Thomas and Carole Randazzo	6-30-18	7-18-17	Ongoing	RFP is for unique populations, including those with behavioral health needs or having experienced unique issues, such as human trafficking, dual diagnosis (developmental disability and mental health) and crossover youth (dependent with juvenile justice involvement). Awarded to Families First on 8/25/17.	On target	20 homes by June 2018	Internal; CBCIH	Q1-0 Homes; Q2- 6 Homes; Q3- 6 Homes; Q4-8 Homes	$319k

Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
K	Specialized Treatment Programs for Dually Served Youth and Families DCF ITN	Jody Grutza	October 2017	Unsure	Awaiting ITN	Apply be selected for DCF ITN pilot program	N/A				Annual grant of $344,267
L	FH Retention /Net Increase of Capacity of beds	Carole Randazzo	Ongoing	7/1/2017	Ongoing	7/1/2017 369 foster homes, 698 beds. In March of 2018, Lupton's Annual picnic invites all Hillsborough foster parents and children. Full day at no cost to FP. Annual Survey produced needs for Hillsborough county and will be incorporated into Task Force. Follow up to survey responses that expressed concerns. Survey will be sent to compare for improvements. 13 licensing will continue to host quarterly luncheons to honor shining star foster parents. Annual foster appreciation event will honor all foster parents with an annual banquet that includes awards, recognition and praise. set date: 10/13/2017	On target	Increase Capacity by 50 homes/100 beds @ 25 beds per quarter. Savings is calculated using the average board rate of $56.58 less the traditional board rate of $15 plus $10.25 admin, for a savings of $31.33 per bed	internal, email survey	Increase of traditional foster homes and beds to accommodate more children in traditional foster homes rather than group homes.	Calc assumes 12.5 beds per quarter beginning quarter and 12.5 mid quarter $641,285.94
M	Evaluation and Analysis of contracted CPA	Carole Randazzo and Pam Griffith	Annually	8/14/2017	Active	Complete an in-depth analysis on outsourcing vs in-house delivery of Licensing/Retention/Recruitment of foster homes in Hillsborough County, Florida. Based on the analysis make a determination as to which option is most appropriate considering cost effectiveness, complying with the "Direct Services as % of Total Services" requirement, and maintaining the spirit of community based care.	Performing Analysis	Complete Analysis by 9/29/17; Decision to move forward or not by 10/16/17	ECA6 Model; ECA13 Licensing data; ECA13 financial data		
3	Factors Related To Exits										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	
A	BAYS Hope Program	Brian Ronayne	6/30/2018	7/1/17	Active	(DJJ Crossover program for difficult youth. Will assist in providing therapeutic services to youth and the family to transition children home thorugh reunificiation. Program launched 7/1/17; internal review of potential case completed.	2 referrals have been made as of 8/1/17 and therapist assigned to family.	11 kids in Q2, 0 kids in Q3, 10 kids in Q4	Internal Tracking and data collection	Continue to refer minimum 3 children per month on average. 10 children per quarter to program. Goal of reunification to occur within 60 dys of service referral.	534,568.13

Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
B	Family Finding	Brian Ronayne	6/30/2018	7/1/17	Planning	FF Supervisor position offered and accepted. 1 specialist position offer, pending at this time. Still in hiring phases for additional specialist position and FF Support/Search position. No cost projections in Q1 and Q2. Goal is stepping down 12 youth from LFC on average per month beginning January 1st 2018	Planning/Hiring	Q3-4 will target an average of 12 children per month from Licensed placement.	Internal ECA tracking, FSFN Data reporting	36 children will step down from LFC per quarter - broken down into 12 children per month or 72 children over 6 month period.	Q3 & Q4 - projected savings - $353,160.00
C	Increase Exits to Permanency while utilizing conditions of return in cases in home	Brian Ronayne	6/30/2018	8/1/17	Planning	New 2017 statute has language for conditions of return. Development of new system process based on Casey Family Program initiative. 3 month COR staffings, continue 9 month staffing protocol in place. *Pending Meeting 8/10 - Discharge Targets and the Out of Home Care Models for FY2018 - For more information.	Planning	Reduce children in OHC by 5%; as of 8/1/17 2500 children in OHC.	FSFN Reporting (CARS), Internal ECA reporting and tracking	Additional 3 exits per month starting in November in the last week of the month.	153317.66
F	Exit APD kids	DeAndrea Thomas	6/30/2018	7/1/2017	Planning	Staff APD Kids monthly - DeAndrea has June list to review APD children are staffed with DCF	N/A	N/A	N/A	N/A	N/A
G	Adoption Incentives	Phyllis Ho-Zuhars	6/30/2018	7/1/2017	Planning	Goal 1- Children adopted who are in care 24 months or longer ($68,153.66) Goal 2- Children adopted between the ages of 14-17 ($68,153.66) Goal 3 - Children adopted within 5 months of TPR ($68,153.66) Goals to be met by 6/30/2017	Pending finalization of goals and target by OCW	$204,461.00	ECA Internal Tracking and FSFN		$204,461 in additional revenue
4	Factors Related to SOC Improvement										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
A	Case Management Retention	Stephena Pierre and Kathy Bartlett	6/30/2018	7/1/2017	On-Going	1) Continue with weekly capacity reports from CMO's 2) CPI case management retention component 3) Eckerd HR scheduled to meet with CMO HR departments to address retention issues	Case Managers 56% Supervisors 23.5%	10% improvement in case management staff (46%) 3% improvement in supervisors (20.5%0	Weekly Data Packet	3.3	

Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
B	Increase Capacity: All Management/Barrier Breakers	Stephena Pierre and Kathy Bartlett	6/30/2019	7/1/2018	On-Going	1) Continue with Monthly Program Director's Meeting and All Manager's meetings. Discussion forum to ensure SOC needs/challenges are addressed. 2) Evaluate process to determine if yielding intended results	77.21% (166)	85% (183)	Weekly Data Packet	5.70%	$940,330.77
C	Under 25 Case Loads	Jason Thomas and Kathy Bartlett	6/30/2018	7-1-17	On-Going	1) Continue with weekly Over 25 Reports 2) CPI case management retention component 3) Eckerd HR scheduled to meet with CMO HR departments to address retention issues	48 caseloads with more than 25 children per caseload	50% reduction in the number of caseloads over 25	FSFN	Q1-reduction of 5 caseloads over 25; Q2 reduction of 5 caseloads over 25; Q3-reduction of 7 caseloads over 25; Q4-reduction of 7 caseloads over 25	
D	POS provider certification and evaluations i. ECA13 funding and services - prevention vs. diversion in open cases ii. Assessing services offered by Children Board that are not available to dependency children	Jason Thomas and DeAndrea Thomas	4-1-18	9-1-17	Ongoing	1) Will begin by developing a credentialing and evaluation process for POS providers in addition to the identification of services able to be billed to other funding sources 2) Identify services funded through HCCB for prevention/diversion from system	Planning	Reduce spending on services for children and families	ECA Internal Tracking	TBD in Quarter 1	TBD in Quarter 1
E	Adoption Incentives	Phyllis Ho-Zuhars	6/30/2018	7/1/2017	Planning	Goal 1- Children adopted who are in care 24 months or longer ($68,153.66) Goal 2- Children adopted between the ages of 14-17 ($68,153.66) Goal 3- Children adopted within 5 months of TPR ($68,153.66) Goals to be met by 6/30/17	Pending finalization of goals and target by OCW	$204, 461.00	ECA Internal Tracking and FSFN		$204,461 in additional revenue
5	Revenue Innovation										
A	Pursue grant opportunities to augment funding to support increased exits in C13	Phyllis Ho-Zuhars	6/30/2018	7/1/2017	Ongoing	ECA 13 received a grant through the Dave Thomas Foundation totaling $140,000 for 2 Wendy's Wonderful Kids recruiters to support youth in need of adoptive placements in Hillsborough County	20 matches and 8 adoptions	$140,000	WWK Database through Child Trends		$140,000 in additional revenue

CBC	CBC OHC Baseline &	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		$ 14,253,767.00	$ 4,077,764.00	$ 3,225,078.00	$ 2,723,490.00	$1,967,920.00		$ 9,833,355.00	$ 2,630,148.00	$ 1,900,580.00	$ 1,557,488.00	$ 1,001,529.00
			OHC Performance					RGC Performance				
			Quarterly number					Quarterly number				

Eckerd Community Alternatives – Pasco and Pinellas Counties
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 45,555,137

   b. Estimated Carry Forward Funding $ (200,571)

   c. Total $ 45,354,566

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 46,086,038.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (731,472).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 45,555,137

   b. Estimated Carry Forward Balance on 6/30/2017 $ (138,009)

   c. Other projected revenue (Fed. Excess Medicaid) $ 34,892

   d. Total $ 45,452,020

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 47,277,335.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (1,825,315).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      ECA C6 experienced a 19% increase of children in licensed out of home care during fiscal year 16/17. Despite the increase ECA C6 has been able to maintain children in traditional foster care. According to the Child Welfare Key Indicators Report July 2017, 21.1% of children age 0-17 in licensed out of home care were placed in Residential Group Care, the State Average is 25%.

   b. Factors related to the cost of children while in care.

      ECA C6 experienced a 19% increase in children in licensed out of home care during fiscal year 16/17.ECA C6 has 866 total children in licensed out of home care, 687 of those children are placed in traditional foster care and 179 are placed in Residential Group Care (21.1%). The State Average for children in Residential Group Care according to the Child Welfare Key Indicators Report for July 2017 is 25%. The average daily rate for the 866 children in licensed out of home care is $47.54 per day.

      ECA C6 has implemented several measures to reduce the cost of licensed out of home care.

      - During fiscal year 17/18 we are projecting to increase placements with relatives and non-relatives of children in out of home care to 60% (current performance is 55%).
      - Reduce out of home care by 2%

- Exceed the established adoption target by 11 children
- Increase funding in Diversion services by $500,000 to reduce entries in out of home care
- Increase the number of traditional foster homes in Pinellas and Pasco Counties
- Step down 8 children from Residential Group Care

c. Factors related to exits from care.

ECA C6 has experienced an increase in the number of children entering out of home care and a slight decrease in the number of children exiting out of home care over the last several years. ECA C6 has not been able to keep pace with the number of entries into the system of care. During fiscal year 16/17, ECA C6 averaged 141 entries to out of home care and 109 exits monthly. During fiscal year 15/16, ECA C6 averaged 119 entire to out of home care and 111 exits per month. During fiscal year 14/15, ECA C6 averaged 116 entries to out of home care and 109 exits per month. In comparison, during fiscal year 13/14, ECA C6 averaged 108 entries to out of home care and 126 exits per month. Also, ECA C6 averaged 121 entries to out of home care and 139 exits per month during fiscal year 12/13.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 12,367,486

   b. December 31, 2017 (92 days) $ 11,939,647

   c. March 31, 2018 (90 days) $ 11,591,814

   d. June 30, 2018 (91 days) $ 11,378,388

7. If you do <u>not</u> realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   ECA C6 is currently projecting a deficit for FY 17/18, but we have identified strategic objections to mitigate the risk.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   ECA06 will assess the financial viability of its major subcontractors as follow:

   - Review of most recent CPA audit to identify findings or questioned costs.
   - Perform financial analysis of the financial statement information that assesses current ratios and debt ratios.
   - Review of submitted expenditure reports (at least quarterly) to assess current financial condition compared to their submitted spending plans.
   - Strategies to address with provider when their submitted spending plan represents a deficit.
   - Strategies to address with providers when they request early payment of invoices for cash flow purposes.
   - Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.

1.*Eckerd Community Alternatives (Pinellas/Pasco)* Financial Viability Plan June 2017-June 2018												
I Revenue/Innovation												
IA. Increase ECA C6 Revenue												
Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections*	October 2017 Update (1st Qtr - Jul-Sep)
1 Host an annual fundraising event to augment state funding for child welfare services in C6	Brian Bostick, Executive Director	06/30/18	07/01/17	Ongoing	ECA will host an Annual Golf Tournament in April 2018.	N/A	$50,000		Eckerd Kids Finance Department	N/A	$50,000	
2 Pursue Grant opportunities to augment state funding to support increased capacity of front end support services designed to stabilize families in their home community.	Brian Bostick, Executive Director	06/30/18	07/01/17	Ongoing	Grant opportunities are explored regularly to help support the system of care.	N/A	$50,000		Eckerd Kids Finance Department		$50,000	
3 Request funding from Eckerd National Youth Foundation to support improved efficiencies.	Brian Bostick, Executive Director	06/30/18	09/01/17	Ongoing	Request has been made to Eckerd National Youth Foundation to fund a position that focuses on obtaining Permanency for children.	Position will be advertised in August 2017.	$15,000		Eckerd Kids Finance Department	N/A	$15,000	
4 Earn Non-Restricted revenue through CBC Integrated Health Plan.	Brian Bostick, Executive Director	06/30/18	07/01/17	Ongoing	ECA C6 is a Community Based Care Integrated Health Partner. As a result of this partnership, we have earned $1,158,040 (FY2009-2015) in non-restricted revenue that has been used to support the tracking of well-being outcomes and post adoption support for families receiving services. During FY 17 we earned 483,000 in revenue.	Need data	$402,567		Eckerd Kids Finance Department	$100,641.75	$402,467	
II Foster Care Capacity/Retention												
II A. Foster Home Capacity												
Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections*	October 2017 Update (1st Qtr. - Jul-Sep)
1 Recruit 105 new foster homes for FY 18.	Laurallyn Segur, Senior Director of Licensing	6/30/2018	7/1/2017	Ongoing	As of 8/1/17, 8 new homes have been licensed.	8	26 per quarter		FSFN	8%	105 new homes this year with an average of 2 beds per home. The average daily rate is $47.54 per day in traditional foster care. Annualized savings of $1,332,106	
2 License 200 new beds for FY 17 through new families being licensed or increasing current foster homes bed capacity.	Laurallyn Segur, Senior Director of Licensing	6/30/2018	7/1/2017	Ongoing	As of 8/1/17, C6 has licensed 14 new beds.	14	50 per quarter		FSFN	50	200 new beds this year with an average daily rate of $47.54 per day annualized savings of $1,332,106	
II B. Increase Retention of Foster Homes												
Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections*	October 2017 Update (1st Qtr - Jul-Sep)
1 Close no more than 3.8% of current foster home (15 of 419) due to the following reasons: family is frustrated with the system, poor utilization, or the family does not want to foster anymore.	Laurallyn Segur, Senior Director of Licensing	6/30/2018	7/1/2017	Ongoing	In FY17, 20 of 134 (4.5%) homes closed were due to the family being frustrated with the system, poor utilization, or the family did not want to foster anymore. These reasons. As of 8/1/17, 2 homes have been closed for these reasons.	2	<15	13%	FSFN/ECA	3.75	Maintain capacity to place children in traditional foster care at a daily average rate of $47.54 per day. Annualized savings of $1,332,106	
2 Quality Foster Parenting Initiative	Laurallyn Segur, Senior Director of Licensing	6/30/2018	7/1/2017	Ongoing	Eckerd Community Alternatives C6 is actively involved with the Quality Foster Parenting Initiative. Our system of care partners (CMO's,CPI's, ECA Directors and Licensing) are present at the Foster Parent Association meetings held once a month to address any concerns. Task Force meetings at held the third Thursday of every month and are represented by CPI, CMO, GAL, State Attorney, ELC, Ready for Life, and over 15 foster families. This task force is strength based and solution focused on system issues. Licensing trains at all pre-service training for Case Management and CPI to introduce the Quality Parenting Partnership Plan. Licensing supervisors have begun attending case management team meetings to discuss partnership issues, protocols, communication and assist with any questions. Licensing recognizes a foster parent each month at the Association meetings for their partnership. We have an annual Foster Parent Appreciation Dinner to recognize and motivate the foster parents in our community. Through private fundraising efforts, cards, flowers, and small gifts are sent out to foster parents throughout the year to say "Thank you". The Fostering Respect line is also available for use 24/7.	2	Close no more than 3.8% of current foster home (15 of 419) due to the following reasons: family is frustrated with the system, poor utilization, or the family does not want to foster anymore.	13%	FSFN/ECA	3.75	Maintain capacity to place children in traditional foster care at a daily average rate of $47.54 per day. Annualized savings of $1,332,106	

1.*Eckerd Community Alternatives (Pinellas/Pasco)* Financial Viability Plan June 2017-June 2018													
II B.	Increase Retention of Foster Homes												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections*	October 2017 Update (1st Qtr - Jul-Sep)
3	Complete Annual Foster Parent Survey in an effort to understand and address any concerns experienced by foster parents	Laurallyn Segur, Senior Director of Licensing	6/30/2018	6/1/2018	Ongoing	Survey is sent out in June at the end of each fiscal year.	2	Close no more than 3.8% of current foster home (15 of 419) due to the following reasons: family is frustrated with the system, poor utilization, or the family does not want to foster anymore.	13%	FSFN/ECA	3.75	Maintain capacity to place children in traditional foster care at a daily average rate of $47.54 per day. Annualized savings of $1,332,106	
II C.	Reduce the Number of Children OHC/ Reduce the Number of Children in Group Care												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections*	January 2018 Update (2nd Qtr - Oct-Dec)
1	Increase use of Relative and Non-Relative Placement options for youth entering the child welfare system	Leigh Williams, Interim Director of Operations; Pasco County Sheriff's Office; Pinellas County Sheriff's Office ; Rich Jenkins, Director of Diversion	6/30/2018	7/1/2017	Ongoing	At the time of case transfer, operations staff will discuss/document all efforts by the CPI to place the child with relatives and non relatives.	Increase percentage of children placed with relative and non-relative caregivers by 5% (Currently 55% of children are placed with relatives/non-relatives).	60%	55%	FSFN/ECA	9 children	Reduce Licensed OHC by 2% of the total children removed in 2016/17. Annual savings of $350,310.38	
2	Assist in ensuring the preservation of relative and non relative caregivers in effort to prevent children from entering licensed care.	Leigh Williams, Interim Director of Operations; Pasco County Sheriff's Office; Pinellas County Sheriff's Office ; Rich Jenkins, Director of Diversion	6/30/2018	07/01/2017	Ongoing	Operations and or Diversion staff will contact all non licensed caregivers 30 days after placement to ensure they do not need assistance or have any barriers in maintaining the children.	Increase percentage of children placed with relative and non-relative caregivers by 5% (Currently 55% of children are placed with relatives/non-relatives).	60%	55%	FSFN/ECA	4 children per quarter	Reduce Licensed OHC by 2% of the total children removed in 2016/17. Reduction of 17 children will result in annual savings of $157,856.57	
3	Conducting/facilitate 1 permanency round table per quarter as to children that have languished in care in effort to determine a permanency plan.	Leigh Williams, Interim Director of Operations;	6/30/2018	07/01/2017	Ongoing	Operations reviews children that have been in out of home care for 13 months or more and determine if the case is appropriate for a PRT.	Reduce the number of children in Licensed Out of Home Care by 2%.	2% reduction in License Out of Home Care	10 children	FSFN	4 children per quarter	Reduce Licensed OHC by 2% of the total children removed in 2016/17. Reduction of 17 children will result in annual savings of $157,856.57	
4	Review all children in out of home care between 9-12 months in effort to determine and overcome barriers to permanency	Leigh Williams, Interim Director of Operations;	6/30/2018	07/01/2017	Ongoing	Operations reviews all children that have been in out of home care between 9-12 months to assist in driving permanency, identifying barriers systematically and addressing the barriers to allow permanency to be achieved	Reduce the number of children in Licensed Out of Home Care by 2%.	2% reduction in License Out of Home Care	10 children	FSFN	4 children per quarter	Reduce Licensed OHC by 2% of the total children removed in 2016/17. Reduction of 17 children will result in annual savings of $157,856.57	
5	Review all children in out of home care 13+ months in effort to determine and overcome barriers to permanency	Leigh Williams, Interim Director of Operations;	6/30/2018	07/01/2017	Ongoing	Operations reviews all children that have been in out of home care 13+ months to assist in driving permanency, identifying barriers systematically and addressing the barriers to allow permanency to be achieved.	Reduce the number of children in Licensed Out of Home Care by 2%.	2% reduction in License Out of Home Care	10 children	FSFN	4 children per quarter	Reduce Licensed OHC by 2% of the total children removed in 2016/17. Reduction of 17 children will result in annual savings of $157,856.57	
6	Facilitate open service calls within 5 days of a new abuse report is generated and discuss safety planning and preventative planning to reduce children entering out of home care	Leigh Williams, Interim Director of Operations;	6/30/2018	07/01/2017	Ongoing	Operations is alerted to any new abuse reports generated on an open case. A phone conference is facilitated if the AP listed in the report has unsupervised/access to the child.	Reduce the number of children in Licensed Out of Home Care by 2%.	2% reduction in License Out of Home Care	10 children	FSFN	4 children per quarter	Reduce Licensed OHC by 2% of the total children removed in 2016/17. Reduction of 17 children will result in annual savings of $157,856.57	
7	Bi-Monthly data call discussions with CMO agencies regarding adoption projections	Sonya K. Graham, Director of Programs; Associate Director Jess Sternthal; Executive Director Brian Bostick	6/30/2018	7/1/2017	Ongoing	Adoption projections will be discussed with CMO's during weekly performance calls. Weekly Adoption projection reports on Adoption projections and budgetary exits will be provided by each CMO.	31	320	10%	FSFN	80	ECA C6 Adoption goal this year is 309 adoptions. ECA C6 is projecting to finalize 320 adoptions which will be a cost savings of $97,266.84	

1.*Eckerd Community Alternatives (Pinellas/Pasco)* Financial Viability Plan June 2017-June 2018													
II C.	Reduce the Number of Children OHC/ Reduce the Number of Children in Group Care												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections*	January 2018 Update (2nd Qtr - Oct-Dec)
8	CBC Adoption Incentive Program	Sonya K. Graham, Director of Programs	6/30/2018	7/1/2017	Ongoing	The Community Based Care Adoption Incentive program is a legislatively mandated requirement found in s. 409.1662, F.S., The program consists of the following: A program to award incentive payments to Community Based Care Lead Agencies (CBC) for achievement of specific and measureable adoption performance standards.	The Community Based Care Adoption Incentive program is a legislatively mandated requirement found in s. 409.1662, F.S., The program consists of the following: A program to award incentive payments to Community Based Care Lead Agencies (CBC) for achievement of specific and measureable adoption performance standards.	To meet the goal of one Tier this fiscal year.	31 adoptions have ben finalized.	FSFN	FSFN	We are projecting to earn $59,103 in revenue this fiscal year.	
9	Limit use of RGC for large sibling groups or teen specific interventions only.	Jennifer Dean, Senior Director of Out Home Care; Brian Bostick, Executive Director	6/30/2018	7/1/2017	Ongoing	At this time there are currently 185 children that are placed in a residential setting. Of the 185 children there are a total of 43 children under the age of 12. Within the 43 children that are under the age of 12, there are 12 sets of sibling groups. Additionally 12 of these children are in either APD placements or Therapeutic Group Homes. 1 additional child is currently in a Skilled Nursing Facility. Eckerd's goal is to continue reducing the number of children under the age of 12 by matching children with identified foster homes as additional homes become available due to new licensure or children obtaining their permanency goal. According to the Child Welfare Key Indicator Report as of July 2017 the state average for children in RGC was 25.0% and ECA C6 is performing at 21.1%. The objective is to decrease the average by 1%. At this time this measure has been completed as the current performance rate is at 16.1% however Eckerd will continue to monitor and work towards a steady decrease in this area.	21.10%	25.00%	25% of paid placements	100%	Child Welfare Key Indicator Report/FSFN	75% of children in Licensed OHC will be placed in traditional foster homes.	
10	Prior approval and weekly review of youth placed in RGC facilities > $100 per day	Jennifer Dean, Senior Director of Out Home Care; Brian Bostick, Executive Director	6/30/2017	7/1/2017	Ongoing	In August 2017 there were a total of 20 children in paid placements that cost more than $150 per day, 11 of which were APD placements or Therapeutic Placements. We are continuing to see rate increase request from our community group home providers based on their need to supply services and the cost of caring for our youth. A few rate increases have been granted but have not gone into effect yet. Once these do roll out there will be supplemental children added to the over $150 per day placements. We are utilizing a grandfather in rate for our children currently placed in these residential group home placements.		100%	On Target	FSFN	2 children stepped down	The plan is to transition 8 children from Residential Group Care to traditional foster care. The average daily rate for traditional foster care is $18.00 per day. The annualized savings would be $156,975.	

1.*Eckerd Community Alternatives (Pinellas/Pasco)* Financial Viability Plan June 2017-June 2018													
II C.	Reduce the Number of Children OHC/ Reduce the Number of Children in Group Care												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections*	January 2018 Update (2nd Qtr - Oct-Dec)
11	Weekly step-down debriefings for youth placed in RGC facilities	Jennifer Dean, Senior Director of Out Home Care; Brian Bostick, Executive Director	6/30/2018	7/1/2017	Ongoing	At the time of placement all children are reviewed for a foster home setting. Should a foster home setting not be identified for the child, Eckerd continues to match children to new homes as they are licensed. Eckerd's OHC and Licensing departments meet weekly to discuss youth that can be stepped out of RGC placements into a foster home setting.	0	8 children	0%	FSFN	2 children	The plan is to transition 8 children from Residential Group Care to traditional foster care. The average daily rate for traditional foster care is $18.00 per day. The annualized savings would be $188,312.50.	
III B.	Reduce CBC Expenses Related to Costs Eligible for APD												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	Cost Savings Projections	January 2018 Update (2nd Qtr. - Oct-Dec)
1	Conduct monthly staffing's with the Managing Entity and Legal workgroup to review actionable progress and next steps for APD eligible children.	Jennifer Dean, Senior Director of Out Home Care; Brian Bostick, Executive Director	6/30/2018	7/1/2017	Ongoing	At this time there are currently a total of 35 children who are eligible for the APD waiver. These children are in varying status' of being enrolled on the Medicaid Waiver. We hold monthly permanency calls with APD and the CMO's to discuss the status permanency for the youth in this population. To address cost concerns for these children/youth a work plan strategy will be developed and monitored regularly by Eckerd, APD, and DCF. Additionally, Lock Out Calls are held anytime a child is not allowed to return to there home after a crisis event. Eckerd partners with multiple community stakeholders and convenes a Lockout Call. We have been very successful this year addressing this population.	0	100% of appropriate referrals for all cost centers will be funded by the ME	0%	FSFN	2 children per quarter		
IV	Reduce Non-Essential Costs												
IV A.	Review Administrative Rate												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	October 2017 Update (1st Qtr. - Jul-Sep)	January 2018 Update (2nd Qtr. - Oct-Dec)
1	Review Eckerd's Administrative Rate compared to like size CBCs	Pam Griffith, VP of Finance	6/30/2018	7/1/2017	Ongoing	According to the October 2016 Comprehensive Multi-Year Review to the Legislature, there are 5 CBC's receiving greater than $40M. Of those 5, there is 1 outlier, Child Net Broward. ECA C6 has experienced Administrative Cost rates consistent with the other 2 CBC's of similar size. When compared to all of the CBC's ECA C6 is in the middle of the pack.	On Track	Rates consistent with like size CBC's	N/A	DCF			
IV B.	Identify Contract Changes to Reduce Expenses												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target				October 2017 Update (1st Qtr. - Jul-Sep)	January 2018 Update (2nd Qtr. - Oct-Dec)
1	Review contracts for possible reductions	Brian Bostick, Executive Director	6/30/2018	7/1/2017	Ongoing	All contracts will be reviewed quarterly to ensure effectiveness and return on investment.	Ongoing	Review contracts effectiveness	N/A	ECA Contracts Department	All contracts will be reviewed quarterly to ensure effectiveness and return on investment.		

1.*Eckerd Community Alternatives (Pinellas/Pasco)* Financial Viability Plan June 2017-June 2018													
V	Reduce Front End Entry Into Child Welfare System												
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Percent Complete	Data Source	Quarterly Projections	October 2017 Update (1st Qtr - Jul-Sep)	January 2018 Update (2nd Qtr - Oct-Dec)
1	Additional funding will be allocated to the Pasco County Diversion program. $500, 000 will be allocated to increase Diversion program capacity	Rich Jenkins, Director of Diversion	06/30/2018	July 2017	In progress	Additional funding is being directed to the Pasco Diversion program. The additional funding will allow for additional Case managers and Therapist to assist families and prevent removals. This additional funding is not expected to show an impact until Dec. 2017 as new staff must be hired and trained .	In progress	In progress	100%	ECA Contracts Department	Diverting 22.5 children per quarter for a total of 90 this fiscal year. Net savings will be $179,762.58 for the fiscal.		
2	Increased partnership with DCF children's mental health providers and JDC to prevent children from entering care due to parents refusing to pick them up from JDC or from a children's crisis unit.	Rich Jenkins, Director of Diversion;	06/30/2018	July 2017	In progress	Meet with JDC, DCF and children's mental health crisis providers to discuss strategies to improve and streamline the process of initiating Critical Case staffing calls (lock out calls). Critical case staffing's will better link families to services and ensure that children do not enter care when other options are available to the family.	In progress	Ongoing	Ongoing	DCF/ECA	Last year a total of 6 children entered the system of care due to parent/caregivers refusal to pick the child up. This year we would like to reduce that number to 2 children. More than likely the children will be placed in Residential Group Care at an average daily rate of $128.00 per day.		
3	Diversion staff will partner with Placement to reach out to friends and families on newly sheltered children to look for possible relative / non-relative homes for placement. Preventing the need for foster care	Rich Jenkins, Director of Diversion	06/30/2018	July 2017	In progress	Placement will send the Diversion team a notification when a child comes into care and needs a foster home. The diversion team will make a call to the CPI and caregiver to discuss other possible options.	Increase children placed in relative/non-rel;ative care to 60%.		55%	FSFN/ECA	Reduce Licensed OHC by 2% of the total children removed in 2016/17. Reduction of 17 children will result in annual savings of $157,856.57		
CBC	CBC OHC Baseline & Target	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan				
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018	
		12,071,341	3,481,979	2,972,193	2,313,187	1,821,745		7,337,139	2,245,877	1,852,145	1,363,782	981,000	
		OHC Performance						RGC Performance					
		Quarterly number						Quarterly number					

Families First Network
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

    a. Core Services Funding $ 34,623,974

    b. Estimated Carry Forward Funding $ 0

    c. Total $ 34,623,974

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 35,514,059.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (890,085).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 34,623,974

   b. Estimated Carry Forward Balance on 6/30/2017 $ (248,426)

   c. Other projected revenue (identify) $ 0

   d. Total $ 34,375,548

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 34,375,548.

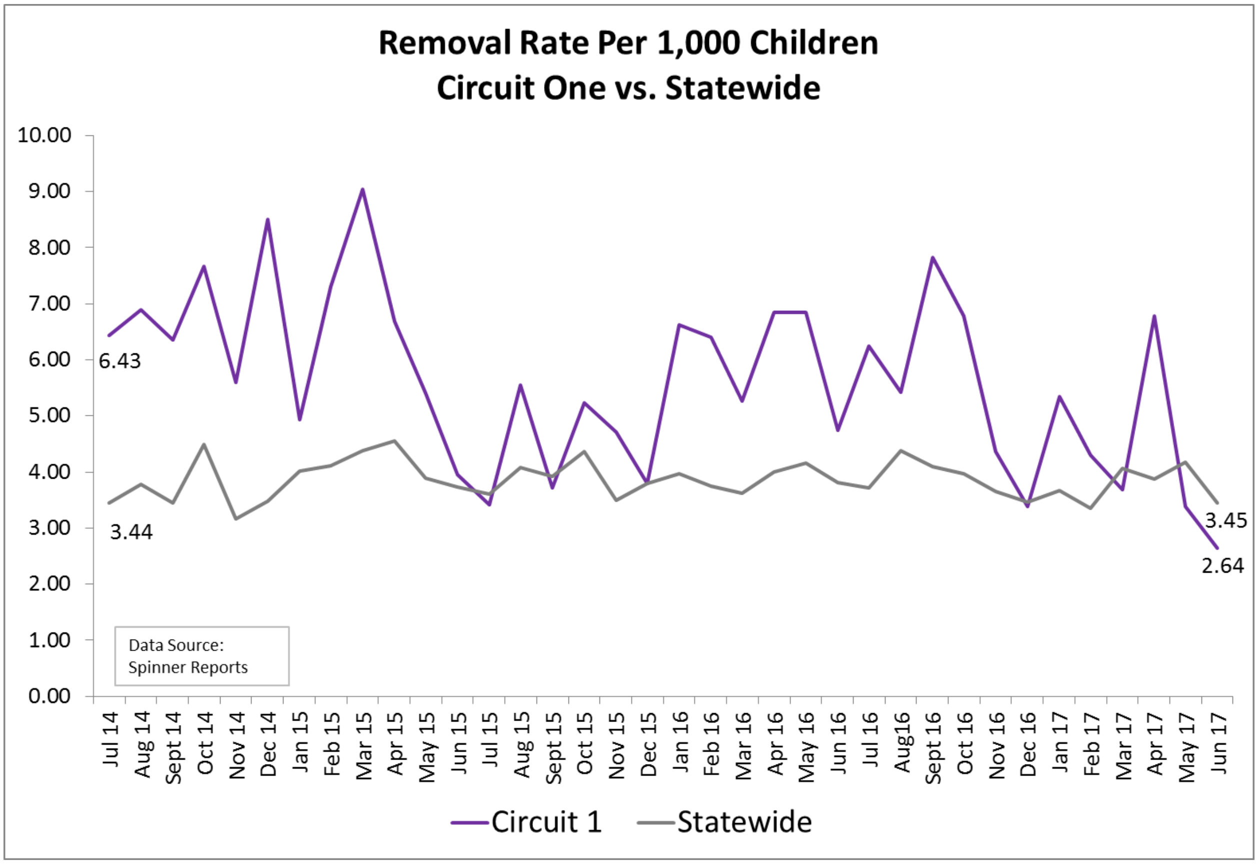
3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 0

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions you are planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.



For all of calendar year 2016, Circuit 1 had a significantly higher removal rate than the rest of the state, which prolonged a 3-year trend of elevated rates of children in OHC. This was a major causal factor in the agency's deficit for FY 16-17. However, in January 2017, Decision Support Team calls were reinstated throughout the Circuit by DCF, which began a downward trend in removal rates. Correspondingly, utilization of Family Support Services has increased, as has referral for In-Home Non-Judicial Services. For the first time in three years, Circuit 1 has had a lower removal rate than the state for two consecutive months (May and June, 2017).

FamiliesFirst Network (FFN) will continue a concerted focus on front-end intervention with families in hopes of continuing this downward trend. In reviewing statewide trends, FFN noted the Jacksonville CBC had not experienced the dramatic OHC increases in recent years that most other CBCs have endured. FSSNF has been viewed as a well run system, and has not experienced financial shortfalls in recent years. FFN has made several "benchmarking" visits to FSSNF to learn about the elements of their system of care they believed to most strongly contribute to their stability. The most significant component is Safety Management Services (SMS) provided by certified child welfare case managers who are a part of specialized case management units that only provide SMS and In-Home Non-Judicial (IHNJ) case oversight. These units specialize in early engagement while the investigation is still being conducted in hopes of being able to maintain the child in the home and build rapport with the family for eventual case transfer to the same worker as an in-home case. Perhaps most importantly, DCF investigators appear to have a high level of confidence in these services, making it the preferred referral path for families.

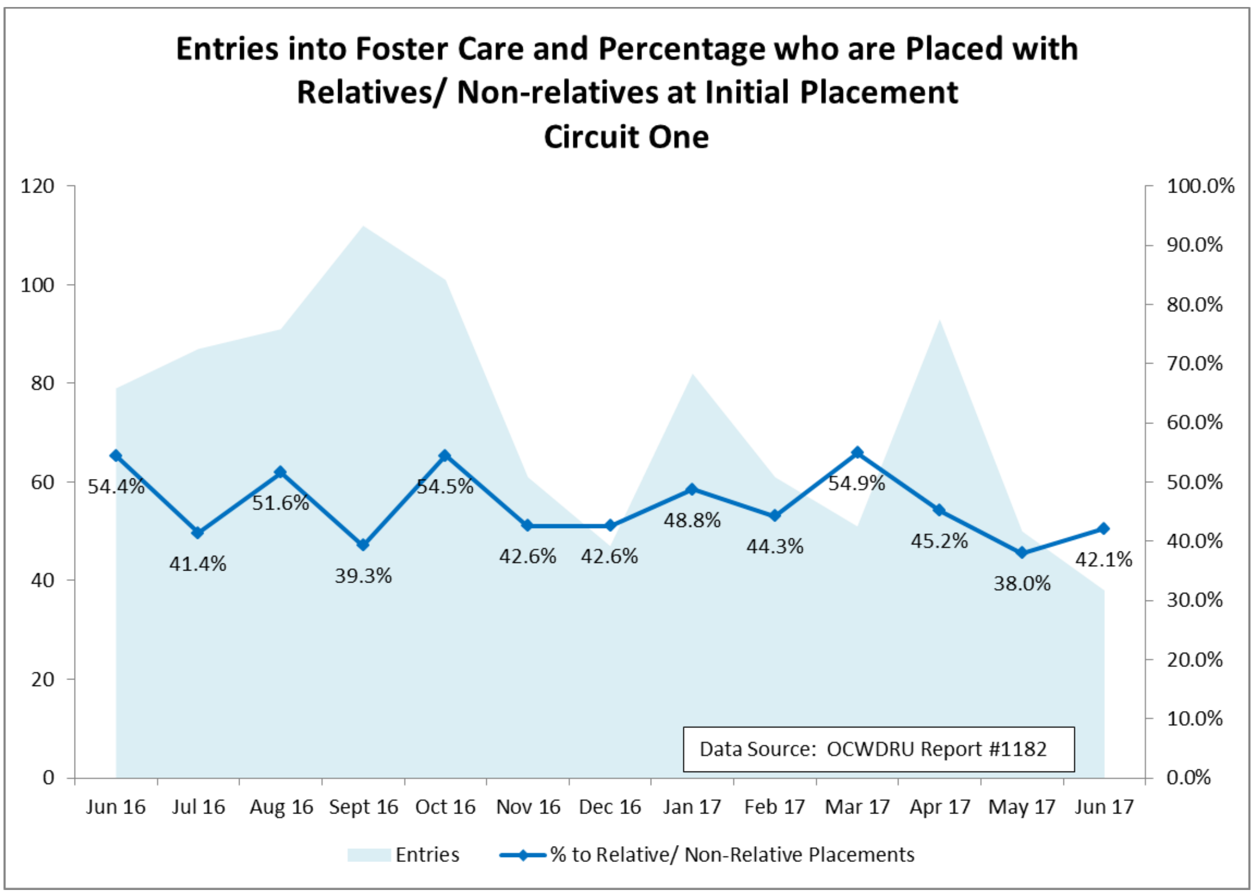
Through continued work with DCF and consultation from FSSNF, FFN has developed an implementation plan that will replicate the Jacksonville model over the next year. Each quarter, one county will transition, beginning with Santa Rosa County September 1. This will shift cases away from OHC placement and allow FFN to engage the family and prevent removal.

Shifting SMS currently provided by FFN's contracted provider partners to FFN's internal case managers will allow the provider agencies to deliver a new service line that has been requested by DCF, which is short-term in-home interventions such as budgeting, hazardous home organization, access to community resources, etc. that can be accessed even before a safety determination is made. FFN will create a position to be a single point of access for this service line by CPIs. This position will be located within the Care Coordination Unit, which will allow CPIs to gain information and access for several programs, including the internal SMS. During non-business hours, CPIs will be able to refer directly to FFN's contracted providers for In Home-Support Service interventions.

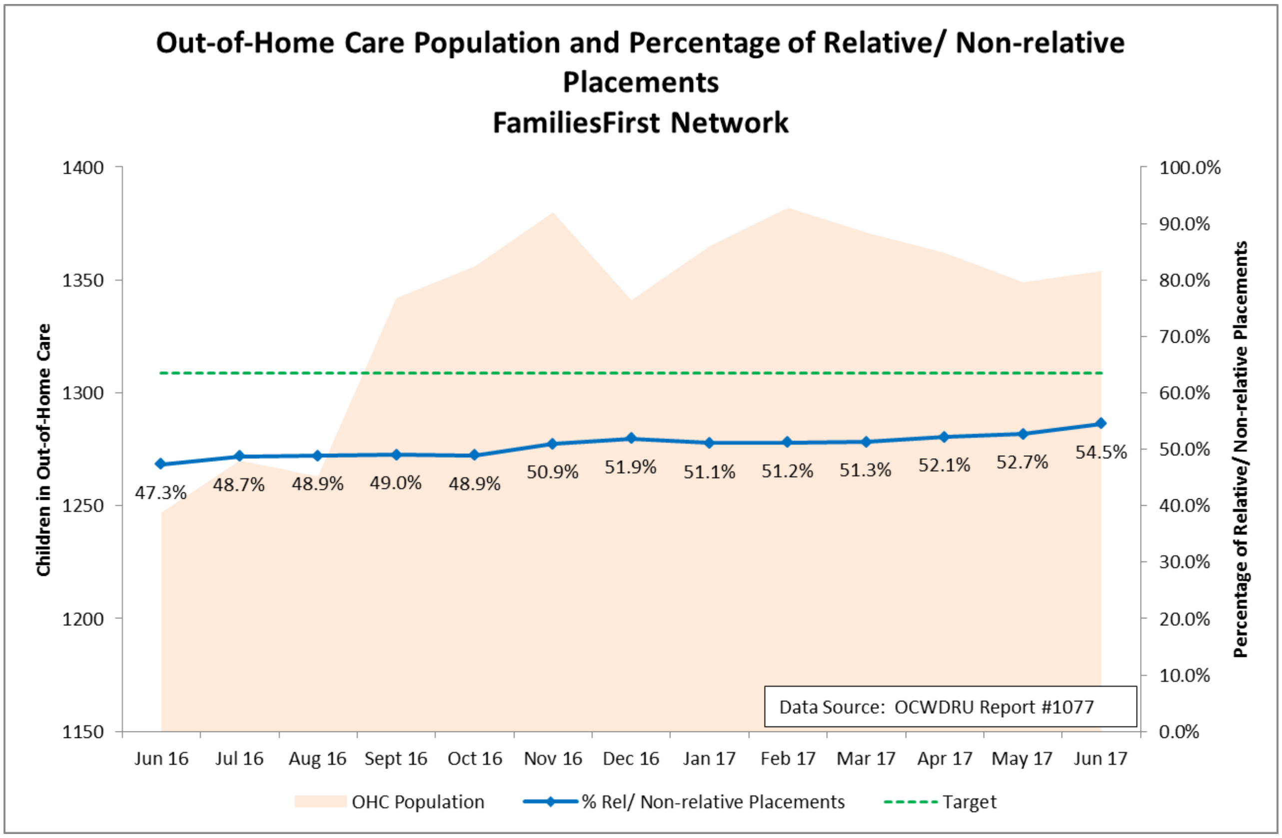
Training will be provided to CPIs on an ongoing basis to familiarize them with these new options for service interventions to stabilize families and prevent removal.

b. Factors related to the cost of children while in care.

Relative / Non-Relative Placement



The percentage of children placed with relatives or non-relatives for their initial placement upon removal had declined somewhat over the past year. Additionally, once placed in licensed care FFN has had minimal effectiveness in shifting the placement to an identified relative. This, coupled with the increases of children in the system, has over extended FFN's foster home capacity and increased OHC costs.



FFN will put a major focus on identifying relatives for children in out-of-home care. We will identify a position to conduct a diligent search on any new removal and provide the results to FFN Case Management, including senior leadership. Leaders will ensure follow up once the case is transferred to explore relative placement options. This will be tracked and reported on a weekly basis. This, coupled with DCF's efforts to increase relative placement at removal, is beginning to show positive results, evidenced by a 7% increase in relative placements over the past year.

<u>High Cost Placements</u>

As noted in the Risk Pool report, while FFN's rate of placement in RGC is below state norms, it is at an elevated level for our system. In addition, many of FFN's foster home placements are with enhanced rates. Many of these placements are children and youth with complex behavioral, medical, and developmental needs who are in need of services from DJJ, APD, CMS, and AHCA. Because of this, much of our focus will be on reducing RGC placements, and leveraging services from other systems to meet child and family needs.

FFN will continue our High Utilizer Staffing process. FFN Operations and placement executive leadership meets weekly to review our highest cost placements for safe step down possibilities, location of appropriate relative or non-relative placements, and plans for permanency. FFN's CEO is a participant in the staffings.

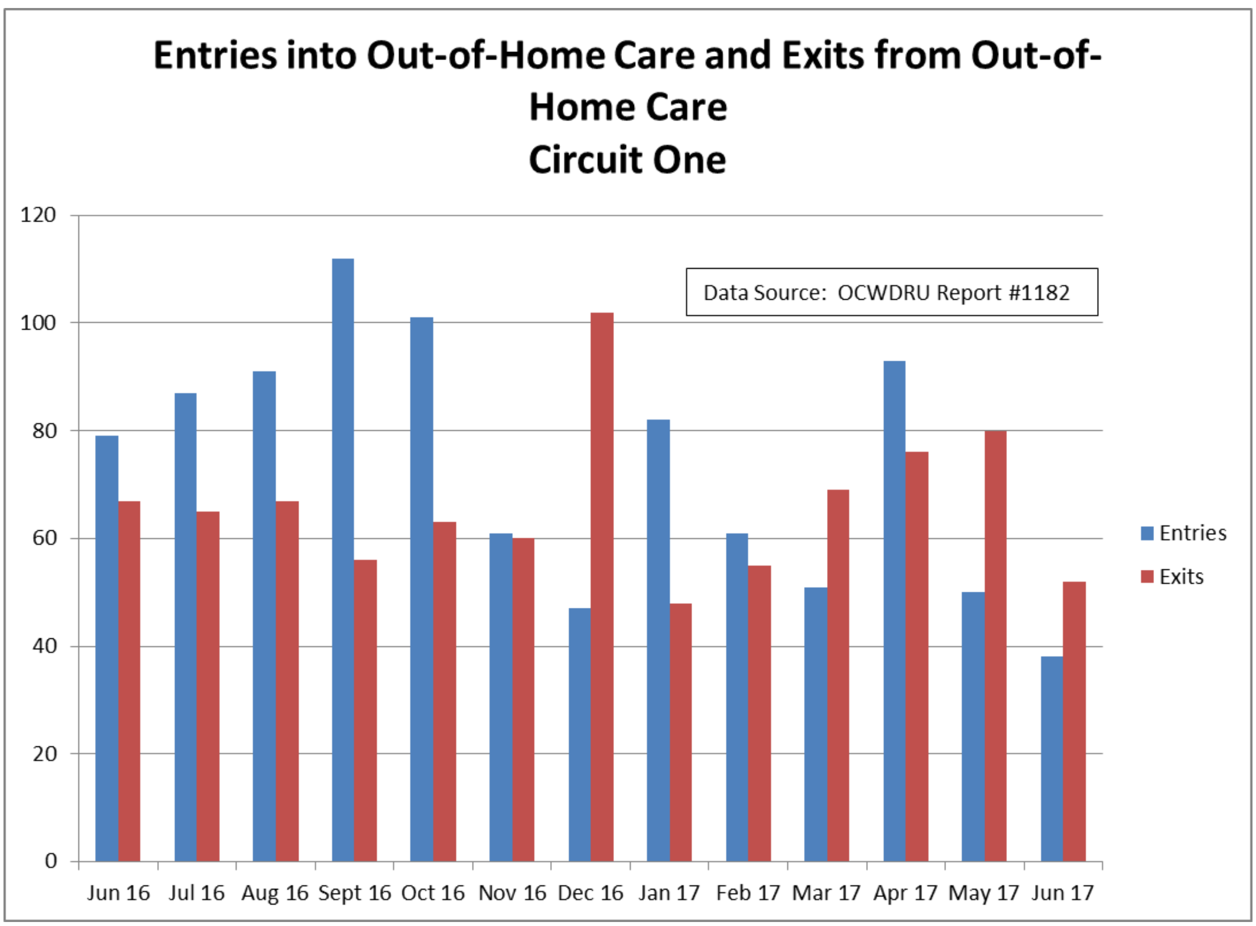
FFN is also working to build relationships with parallel state agencies (APD, CMS, AHCA) to determine appropriate funding sources for eligible children in out-of-home placement. This is both on a system as well as case-by-case basis. FFN will engage Circuit, Region and OCW DCF Leadership when necessary.

The FFN system of care has a small number (6) of Specialized Therapeutic Foster Care (STFC) homes compared to the size of the out of home care population and the needs of the children currently being served. FFN has a group of foster homes (17) that currently take children and youth with challenging behavioral issues and are paid an enhanced rate (Matrix program). In order to increase capacity of Medicaid funded placements, FFN plans to convert (3) Matrix homes to (STFC) homes, and to increase STFC capacity. FFN/Lakeview has also applied for a grant offered by Sunshine and CBCIH to expand Medicaid funded (STFC) capacity with in Circuit One.

FFN recently contracted with another provider to increase capacity of behavioral foster homes with enhanced rates lower than standard residential group care. The National Youth Advocate Program (NYAP) was awarded a contract effective as of March 1, 2017. This contract is expected to replace existing services with services that will provide sufficient capacity to meet the growing needs of this region related to lock-out youth and cross-system youth. The NYAP homes are intended to reduce FFN's reliance on residential group care and to serve youth with behavioral needs that are not linked to a mental health diagnosis, which therefore disqualifies them from placement in an STFC home and Medicaid cost-sharing.

At its highest, FFN's out-of-home care costs were more than $29,000 a day. This enhanced focus has helped to bring out-of-home care costs down to a little more than $25,000 a day. Annualized, this could result in approximately $1.4 million savings.

c. Factors related to exits from care.



With a recent decrease in removals, system resources are shifting to exits, where much work needs to be done. While FFN's discharge rates are above the national target, they trail the state average. However, for three of the last four months FFN's exits have exceeded entries as we tend to see an adverse relationship between entries and exits (i.e., when entries decrease, exits increase).

FFN is now disseminating a weekly report of case closures to the FFN Senior Leadership Team. This will reflect the Unit and Team Manager levels. FFN is also implementing Rapid Permanency Reviews with Casey Family Programs as a structured method to improve efficiency and decision making in case closure.

FFN is in the process of managing a high population of TPR'd children. Circuit 1 has well over 300 children whose parents' rights have been terminated. FFN recently underwent a comprehensive Adoption Process Mapping Project and discovered several opportunities for system practice or policy changes that could alleviate delays and exit children to permanency more quickly. FFN will implement recommendations of the Adoption Process Mapping Project to increase efficiency to finalization of adoption cases.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do <u>not</u> project a core services deficit in SFY 2017-18 and were <u>not</u> required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 8,832,226

   b. December 31, 2017 (92 days) $ 8,745,234

   c. March 31, 2018 (90 days) $ 8,415,234

   d. June 30, 2018 (91 days) $ 8,382,854

7. If you do <u>not</u> realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   In the event that FFN ends the 17/18 contract year in a deficit, it is Lakeview Center, Inc.'s intention to maintain normal operations for FFN for the remaining 17/18 fiscal year. It is Lakeview Center, Inc.'s understanding that any deficit, specifically related to the 17/18 contract year, will be carried into the 18/19 contract year, from which such deficit will be reduced by any surplus achieved by FFN within the 18/19 contract year.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   FFN does not subcontract case management to external case management organizations. This key function is conducted by direct care staff within FFN. However, FFN is still focused on monitoring the service providers we do contract with to ensure they are fiscally sound.

   FFNs current practices include the following:

   - Audited financial statements are reviewed annually.
   - A financial risk assessment is performed annually utilizing current audited financial information. This analysis reviews and compares a variety of financial ratios which are used to determine each sub provider's level of financial risk.
   - Review of recent budget to actual expenditure reports, submitted by each subpovider, to assess their current financial condition.
   - Internal processes and controls are in place in the event that a provider requests early payment of invoices for cash flow purposes or reporting a financial deficit.
   - Notification of change in key leadership or inability to maintain a stable and productive workforce (turnover) is required in performance of the contracts.

   Based on our analysis described above, there are no current financial risks with our sub-contractors.

9. Additional information – Include any supplemental information that is relevant to your plan.

1. Lakeview Center, Inc. dba FamiliesFirst Network Financial Viability Plan June 2017-June 2018											
1A	Increase early intervention and family enagement to safely decrease removals.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Implement specialized SMS and IHNJ services (Jacksonville model)	Jenn Petion, Dir of Admin & Special Projects & Lynne Whittington, Director of Case Management	June 30, 2018	September 1, 2017	Ongoing	FFN will implement specialized case management units to provide SMS and IHNJ services. FFN has made multiple "benchmarking" visits to FSSNF to learn about this element of their system of care. FFN will replicate the model in one county per quarter this SFY. This will shift cases away from OHC placement and allow FFN to engage the family and prevent removal. A reduction in costs associated with licensed care placement will result.	33.9% of FFN's open caseload is IHNJ	40% of FFN's caseload will be IHNJ	FSFN	Q1 July 1-Sept 30 - 35.4% Q2 Oct 1-Dec 31 - 36.9% Q3 Jan 1-March 31 - 38.4% Q4 April 1-June 30 - 40%	Total OHC cost savings: Qtr 1 - $63,502 Qtr 2 - $47,626 Qtr 3 - $38,826 Qtr 4 - $43,183 Total annual projected cost savings: $193,137
2	Provide ease of accces for CPIs for front end service array.	Rodney Moore, Director of Care Coordination Unit	January 1, 2017	July 1, 2017	Ongoing	FFN will create a position to be a single point of access for CPIs. Through this position, CPIs will be able to refer for IHNJ services, or to any of FFN's front end services, during business hours. During non business hours, CPIs will be able to refer to FFN's contracted providers for In Home Support Service interventions. Training will be provided to all CPIs by FFN to familiarize them with the service array and how to access.					
1B	Reduce OHC costs through service intergration, placement setting, and discharges.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
1	Increase relative and non-relative placement as a percentage of total OHC.	Lynne Whittington, Director of Case Management	June 30, 2018	September 1, 2017	Ongoing	FFN will identify a position to conduct a diligent search on any new removal and provide the results to FFN Case Management senior leadership. Leaders will ensure follow up once case is transferred to explore relative placement options. This will be tracked and reported on a monthly basis down to the unit level for accountability and sharing of best practice.	54.5% of OHC is R/NR	63.5% of OHC to be R/N-R	FSFN	Q1 July 1-Sept 30 - 56.5% Q2 Oct 1-Dec 31 - 58.5% Q3 Jan 1-March 31 - 61.5% Q4 April 1-June 30 - 63.5%	Total OHC cost savings: Qtr 1 - $117,856 Qtr 2 - $194,185 Qtr 3 - $323,890 Qtr 4 - $379,985 Total annual projected cost savings:
2	Continue High Utilizer Staffing process.	Jenn Petion, Dir of Admin & Special Projects	June 30, 2018	July 1, 2017	Ongoing	Operations and placement leadership meet weekly to review FFN's most expensive placements for safe step down possibilities, location of appropriate relative or non-relative placements, and plans for permanency. This has garnered positive gains so we will continue the practice.	The average daily cost of FFN's Top 25 High Utilizers is $6,133.57	Reduce average daily cost of Top 25 High Utilizers by 10% to $5,520.21.	FFN Reporting	Q1 July 1-Sept 30 - $5,980 Q2 Oct 1-Dec 31 - $5,826 Q3 Jan 1-March 31 - $5,673 Q4 April 1-June 30 - $5,520	
3	Leverage appropriate funding streams for qualified OHC population (Medicaid, APD, CMS).	Shawn Salamida, President	June 30, 2018	July 1, 2017	Ongoing	FFN will build relationships with parallel state agencies (APD, CMS, AHCA) to determine appropriate funding source for eligible children in OHC placement. This will be on a system as well as case by case basis. FFN will engage Circuit, Region and OCW DCF Leadership when necessary.					

1. Lakeview Center, Inc. dba FamiliesFirst Network Financial Viability Plan June 2017-June 2018											
4	Safely increase discharge rates.	Lynne Whittington, Director of Case Management & Margaret Taylor, Director of Quality and Policy	June 30, 2018	September 1, 2017	Planning	FFN will disseminate a weekly report of case closures to the Senior Leadership Team. This will reflect the unit and Team Manager levels. FFN will also implement Rapid Permanency Reviews and designate staff to assist Case Managers in working cases to closure.	FFN closed an average of 37 child cases per month from Apr 17 to Jun 17	FFN will close an average of 41 child cases per month (10% increase)	FSFN	Q1 July 1-Sept 30 - 38/mo Q2 Oct 1-Dec 31 - 39/mo Q3 Jan 1-March 31 - 40/mo Q4 April 1-June 30 - 41/mo	Total annual projected cost savings: $1,015,916
5	Maintain timely adoption finalizatons.	Lynne Whittington, Director of Case Management	June 30, 2018	July 1, 2017	Ongoing	FFN will implement recommendations of the Adoption Process Mapping Project to increase efficiency to finalization of adoption cases. A detailed tracking system will be developed to measure timliness of adoptions processes, with specific focus on reducing time from TPR to finalization.	39% of TPR'd children have not been matched or finalized after 12 months	10% decrease in the number of case TPR'd for over 12 months that have not been matched or finalized.	FFN Reporting	Q1 July 1-Sept 30 - 36.5% Q2 Oct 1-Dec 31 - 34% Q3 Jan 1-March 31 - 31.5% Q4 April 1-June 30 - 29%	

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		1354	1333	1313	1293	1272		126	122	118	114	110
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				
		Quarterly budget	$ 2,204,749	$ 2,117,757	$ 1,931,832	$ 1,827,415		Quarterly budget	$ 1,386,950	$ 1,299,959	$ 1,131,812	$ 1,018,505
		Total FY18 budget	$ 8,081,753					Total FY18 budget	$ 4,837,226			

Family Support Services of North Florida, Inc. (FSS)
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 35,904,623

   b. Estimated Carry Forward Funding $ 3,454,757

   c. Total $ 39,359,380

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 35,519,941.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 3,839,439.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 35,904,623

   b. Estimated Carry Forward Balance on 6/30/2017 $ 3,245,015

   c. Other projected revenue (identify) $ 381,700 (CBCIH, Grants, Donations & Other)

   d. Total $ 39,531,338

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 38,256,373.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 1,274,965.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   FSSNF Key Indicators Monitored

   A. Factors related to entries into care

   1. Increasing removal trends

   a) Increase in the number of cases involving substance misuse

   b) Ungovernable teens/crossover youth (DCF & DJJ involved) that result in lockouts

   c) Increases in human trafficking and APD victims

   2. Utilization of Safety Management and Prevention/Diversion services

   B. Factors related to the cost of children while in care

   1. Significant volume and cost of treatment services

   2. High cost per child of "licensed" out-of-home care placements (foster home, group home, residential)

   3. Utilization of relative/non-relative kinship placements

   C. Factors related to exits from care

   1. Decreasing rate of discharges from out-of-home care due to increases in substance abuse

   2. Effectiveness of Adoption Program

   3. Permanency Measures

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

FSSNF does not project a year-end deficit.

Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

a. Factors related to entries into care.
b. Factors related to the cost of children while in care.
c. Factors related to exits from care.

See Attachment C.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

   See Attachment C.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 8,831,309
   b. December 31, 2017 (92 days) $ 9,505,804
   c. March 31, 2018 (90 days) $ 9,979,027
   d. June 30, 2018 (91 days) $ 9,940,233

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   FSSNF does not project a year-end deficit.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   - Review of most recent CPA audit to identify findings or questioned costs,
   - Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
   - Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
   - Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
   - Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

FSSNF will address the monitoring of major subcontractors to address their financial viability by implementing/continuing the following actions:

- **Continue annual contract risk assessment process to identify risk levels of major subcontractors**
- **Continue and enhance CMO monitoring process to measure compliance with contract measures**
  - **Implement additional financial viability metrics (liquidity and ratio analysis, workforce turnover and monitoring of changes in key leadership)**
  - **Implement quarterly analysis and audit of CMO reimbursable expenditures**
- **Enhanced quality and fiscal monitoring of treatment providers while maximizing and/or building contractual relationships with quality treatment providers**

9. Additional information – Include any supplemental information that is relevant to your plan.

FSSNF Financial Viability Plan July 2017-June 2018											
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	**Continue to address factors related to entries into care**										
1a	Review removal trends, including primary and secondary causes of removal	Larry West	Ongoing	In Process	Ongoing	Include removals breakout by CPI unit; utilize Decision Support Teams to address root causes; identify CPI needs and fill gaps as needed	N/A	N/A	Various	N/A	
1b	Continue usage of Safety Management Services	Larry West	Ongoing	In Process	Ongoing	Safety Management Service are now being offered through our FAST program that allows for continuity of care for cases transitioning to prevention services and handled by the same case management staff. In addition, a two hour reponse time is initiated on safety management cases to allow for crisis stabilzation and support.	N/A	N/A	Various	N/A	
1c	Continue to enhance effectiveness of FAST diversion program	Larry West	Ongoing	In Process	Ongoing	Develop an action plan based on workforce stabilization focus groups	N/A	N/A	Various	N/A	
1d	Implement pilot programs to address high risk teen population	Sarah Markman	Ongoing	In Process	Ongoing	Implement Justice Works and CHS Acute Intervention Team programs for crisis stabilization; Enhance foster parent support; Continue IPT process	N/A	N/A	Various	N/A	
1e	Identify appropriate placements for human trafficking and APD victims	Sarah Markman	Ongoing	In Process	Ongoing	Continue interagency staffings for APD and DJJ youth	N/A	N/A	Various	N/A	
2	**Continue to address factors realted to the cost of children while in care**										
2a	Continue to efficiently license quality foster homes	Sarah Markman	Ongoing	In Process	Ongoing	Maintain 14 week licensing process; targeted recruitment campaign; maintain 1:40 Licensing Counselor caseloads	3 new homes licensed YTD	72 new homes, 12 teen/specialized homes	Various	Q1: 18 homes Q2: 36 homes Q3: 54 homes Q4: 72 homes	
2b	Continue to prioritize kinship placements	Larry West	Ongoing	In Process	Ongoing	Coordinate with our new Kinship Navigator Specialist to expand efforts on kinship identification for new placements and boost services and support of current kinship caregivers.	N/A	N/A	Various	N/A	
2c	Address high-cost group home placements	Sarah Markman	Ongoing	In Process	Ongoing	Quarterly reviews and staffings of children placed in residential group homes	N/A	N/A	Various	N/A	

FSSNF Financial Viability Plan July 2017-June 2018											
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
3	**Continue to address factors related to exits from care**										
3a	Continue Daniel Post-Reunification Support Services program	Larry West	Ongoing	In Process	Ongoing	Bi-weekly meetings/conference calls/status reports; Monthly monitoring of re-entry measures and outcomes	Q4 FY16-17: 89.4%	91.7% of children who achieved permanency over 12 months prior shall not re-enter care within the subsequent 12 months after achieving permanency	Various	Q1: 89.5% Q2: 90.5% Q3: 91.5% Q4: 91.7%	
3b	Continue use of permanency roundtable and innovation staffings to address length of stay	Sarah Markman	Ongoing	In Process	Ongoing	Include monitoring with CMOs	N/A	N/A	Various	N/A	
3c	Continue effectiveness of Adoption Program	Sarah Markman	Ongoing	In Process	Ongoing		9 adoptions finalized YTD	172 children with finalized adoptions by June 30, 2018	Various	Q1: 43 adoptions Q2: 86 adoptions Q3: 129 adoptions Q4: 172 adoptions	

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

	CBC OHC Baseline &	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
CBC	*1.65% avg increase per quarter FY16-17*	923	938	953	968	984	*4.7% avg increase per quarter FY16-17*	46	48	50	53	55
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Heartland for Children
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-Based Care Lead Agencies (CBCs) must develop and maintain a plan to achieve financial viability which shall accompany the Department's submission to the Governor, the President of the Senate, and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the Department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 33,077,946

   b. Estimated Carry Forward Funding $ 2,600,000

   c. Total $ 35,677,946

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 33,427,278.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $2,250,668

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 33,077,946

   b. Estimated Carry Forward Balance on 6/30/2017 $ 2,600,000

   c. Other projected revenue (identify) $___________

   d. Total $ 35,677,946

2. What is your projected level of core services expenditures for SFY 2017-2018? $33,246,105

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $2,431,841

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   Heartland for Children (HFC) is not projecting a core services deficit. Due to the significant increase of children in care without additional funding, we anticipate expenditures exceeding the 17-18 FY core services funding provided via the contract; however, we project we will have adequate carry forward dollars to cover the expenditures that may exceed the core services funding. HFC will continue to implement a variety of strategies developed to monitor and manage our expenditures within available resources. These include ongoing strategies and new approaches. Our strategies are detailed in HFC Financial Viability Action Plan. Each strategy relates to one of three focus areas: 1) Reducing the Number of Children Transferred from DCF to HFC for Dependency Case Management, 2) Maintaining our out of home care expenditures within the budgeted amount, and 3) Increasing the number of children achieving permanency.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

   b. Factors related to the cost of children while in care.

   c. Factors related to exits from care.

   Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial

viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

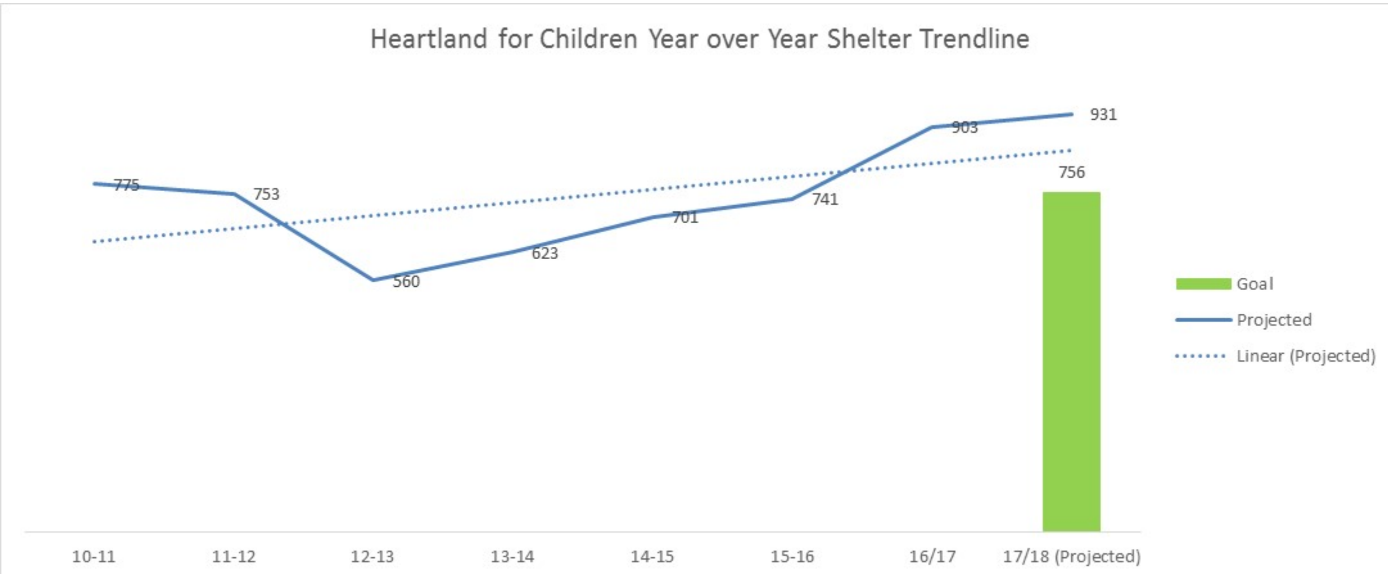
For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

HFC was not required to submit a financial viability report in SFY 2016-2017, but voluntarily submitted its internal plan to monitor and mitigate the changes in our system of care; specifically, the significant increase of children in care. The number of children transferred from DCF to HFC for ongoing services fluctuates. Over the last 10 years, HFC has effectively managed through these variances and has been able to maintain a caseload that can be reasonably expected to be served with the resources provided through our contract with DCF. During the 15-16 fiscal year, we saw the number of children being sheltered and the number of in-home non-judicial cases being transferred spike. These numbers drifted back down into more typical ranges for HFC during the last 3 months of the 15-16 fiscal year and it appeared that we were returning to a more typical pattern of removals of children. We ended the 15-16 fiscal year with 1540 children transferred from DCF. This is higher than the average annual number of children transferred over the last 9 years, which was only 1347. Additionally, the out of home care numbers were significantly higher in FY 15-16 (**754** children sheltered compared to an average of **592** children). Unfortunately, in FY 16-17 we hit a new record high for removals and other case transfers. We ended FY 16-17 with **1870 children** with case transfers and **913** of them going into out of home care for FY 16-17. These excessively high numbers of children being removed (**54% increase** over the previous nine-year average) and cases being transferred (**39% increase** over previous nine-year average) has caused our total caseload to balloon to the highest level in 10 years. Total caseload the beginning of the 17-18 FY was **2141** children. Our overall goal is to reduce the total caseload to a more typical and sustainable range around **1750** children. This aggressive caseload reduction can only be achieved by simultaneously slowing the entries into care and safely accelerating the exits from care.

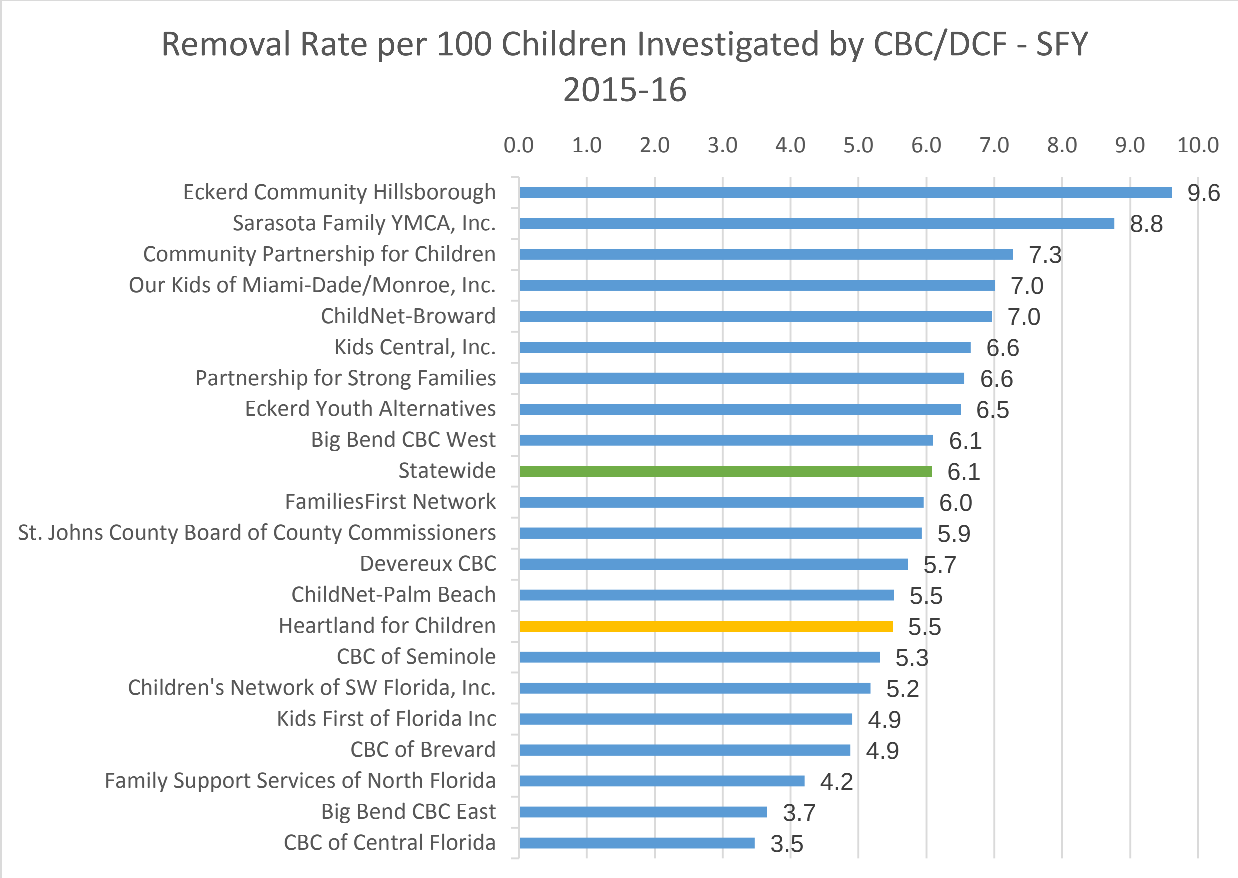
Fiscal Year	Date	CM Total Caseload
FY 12-13	07/01/12	1777
FY 13-14	07/07/13	1709
FY 14-15	07/07/14	1697
FY 15-16	07/01/15	1681
FY 16-17	07/03/16	1863
FY 17-18	07/02/17	2141

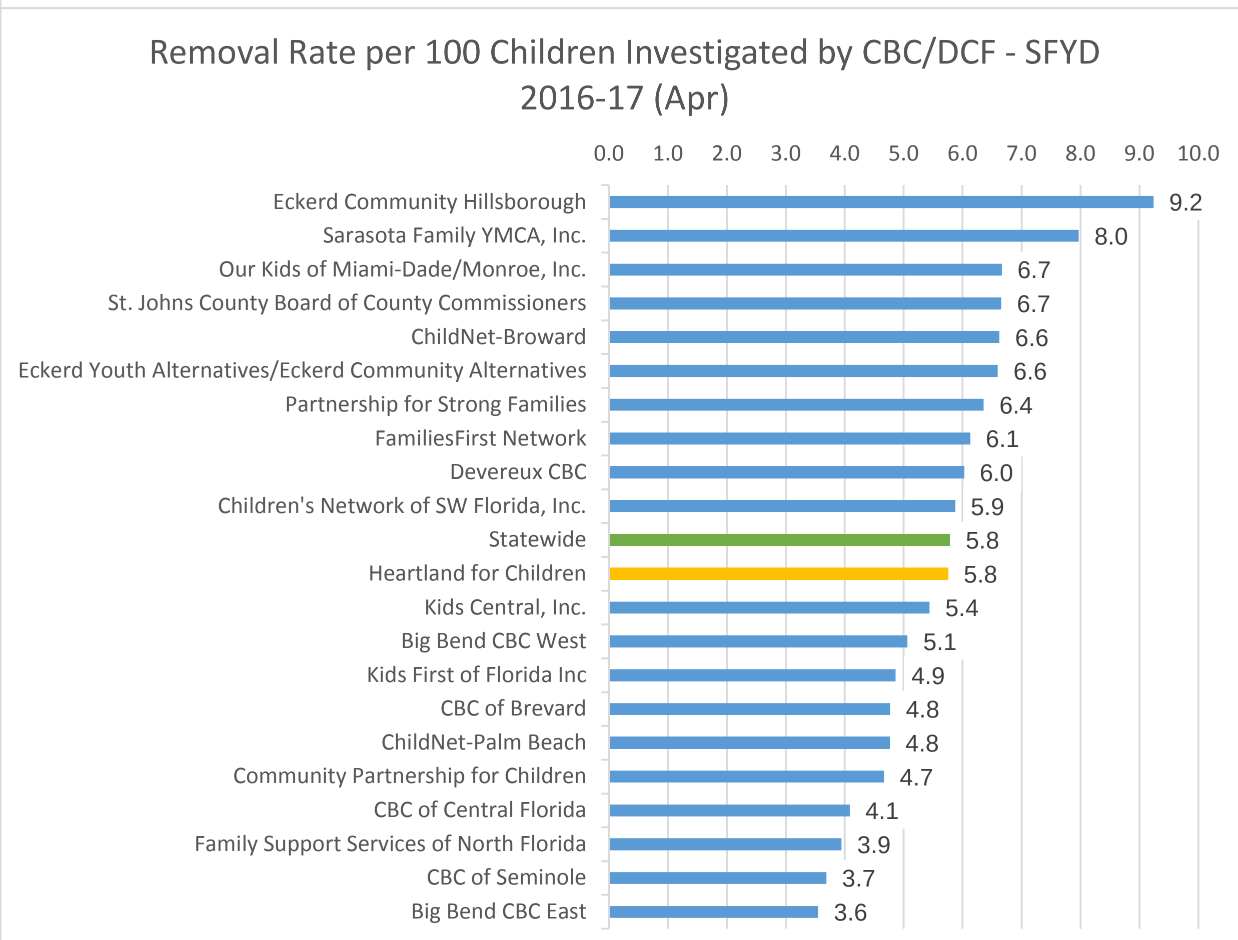
While there have been fluctuations in total shelters across fiscal years, the trend line has been steadily moving upward since the 12-13 fiscal year. That coincides closely with the introduction of the New Safety Methodology in Circuit 10. The spike is the most pronounced, and appears to correlate with newly implemented policies related to Safety Methodology. The signs of this practice increasing caseloads have been emerging since the project's implementation, but contingency planning that includes an allocation of adequate resources to serve this greater number of children has not materialized. It should be noted that due to the current funding allocation model, the HFC system of care has not benefited from the recent CBC funding increase. Providing

quality case management, placements and other support services to this many children is not sustainable over the long term with the current DCF contract funding level. Thus, we are treating the situation as a "State of Emergency," with focused efforts to slow down the number of children being transferred from DCF, and to move children more quickly to permanency. If current shelter practices and current conditions continue, we project 931 children would be sheltered in the 17-18 fiscal year. Our system of care has set a goal for sustainability to safely reduce this number to 756 children and is implementing various strategies outlined in the financial viability action plan to achieve this goal. Slowing the front door will require an ongoing strong partnership with DCF and a willingness on everyone's part to continue to develop new strategies and ideas for supporting families in order to keep them safe and together.

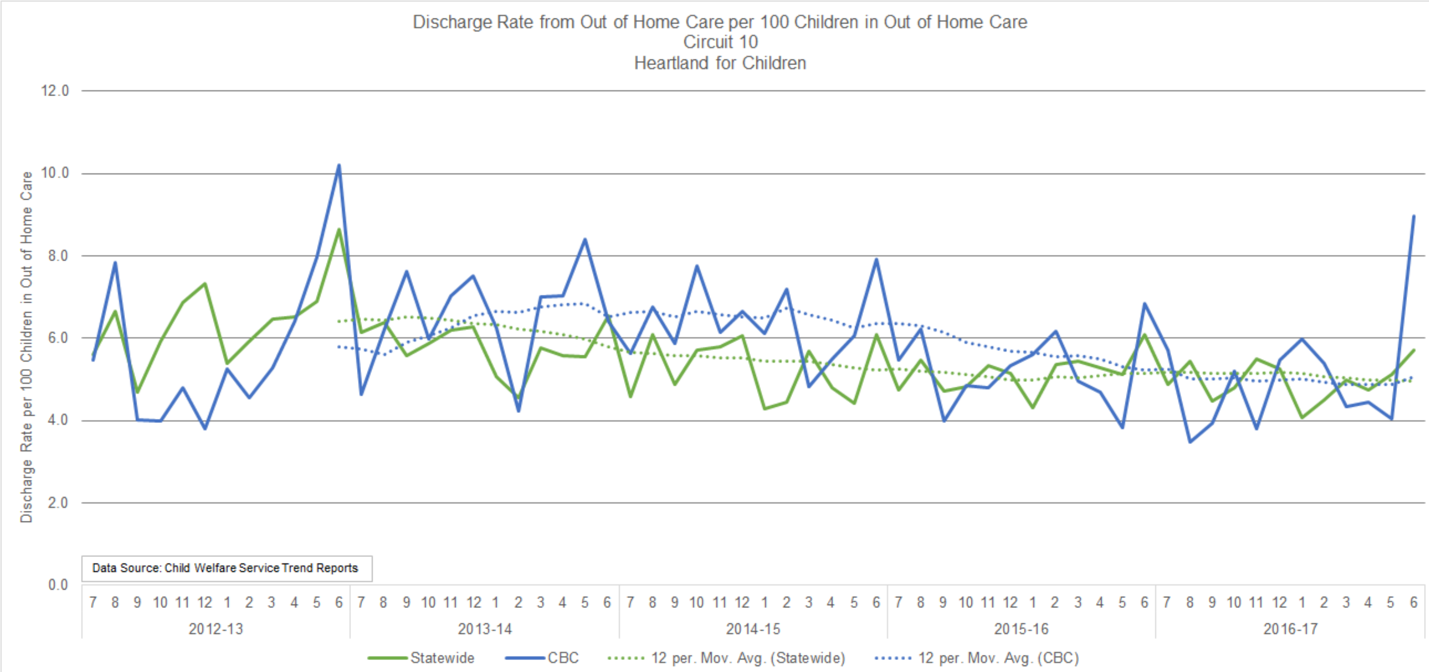


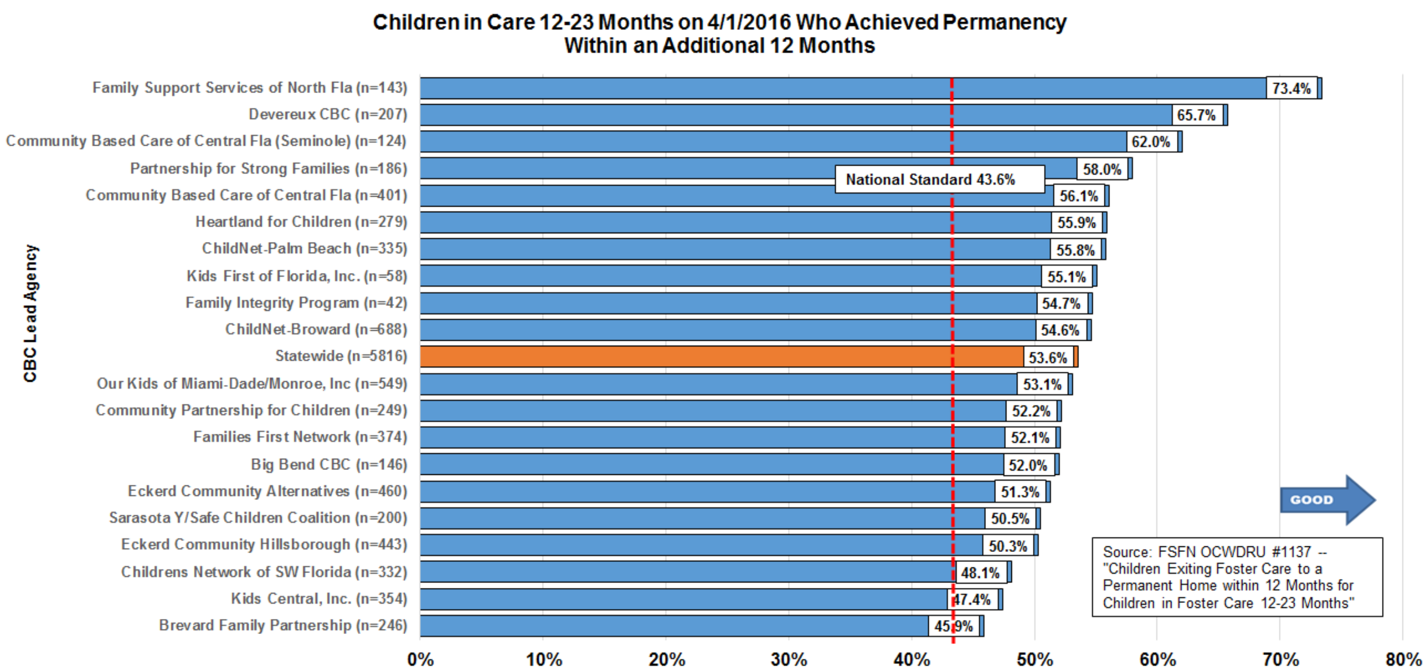
The shelter rate per 100 children investigated in Circuit 10 has increased slightly from FY 15-16 (5.5) to FY 16-17 (5.8) and was equal to the State average for FY 16-17. A stabilization or reduction in the shelter rate is needed to achieve long-term financial sustainability and reduce the total number of children being sheltered.

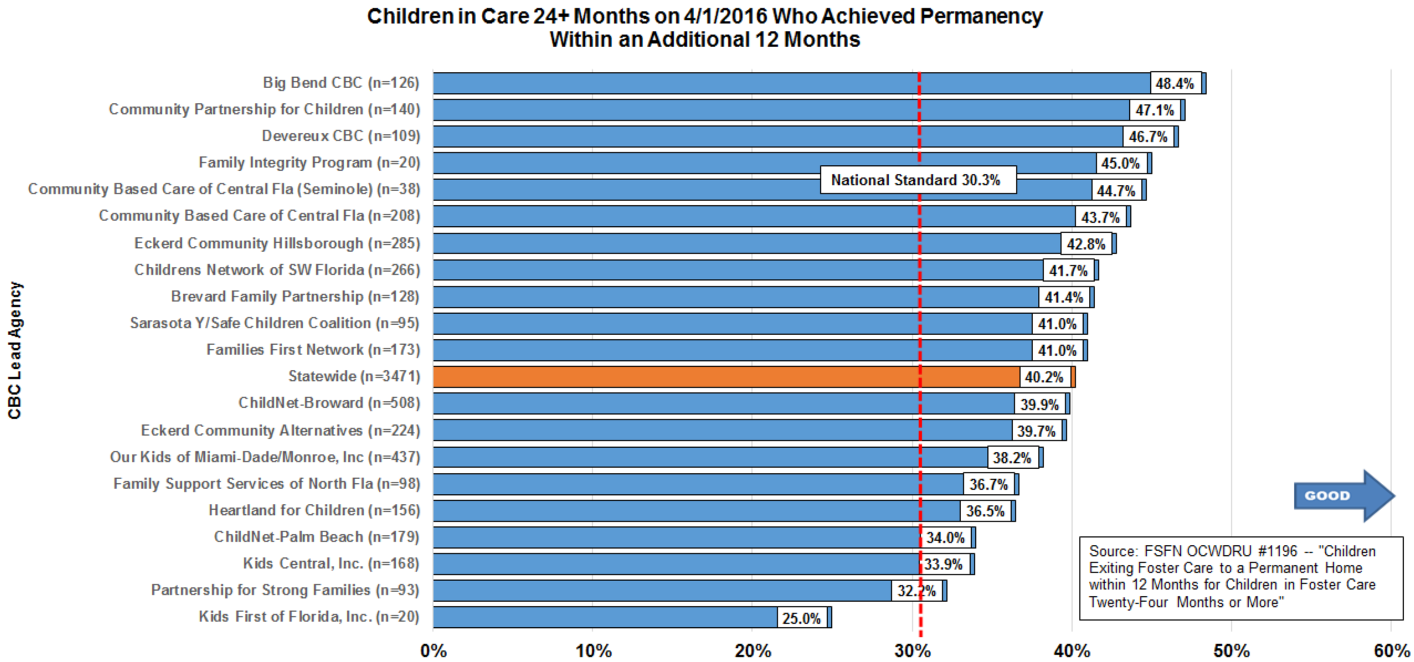

Removal Rate per 100 Children Investigated by CBC/DCF - SFY 2015-16
0.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0
Eckerd Community Hillsborough 9.6
Sarasota Family YMCA, Inc. 8.8
Community Partnership for Children 7.3
Our Kids of Miami-Dade/Monroe, Inc. 7.0
ChildNet-Broward 7.0
Kids Central, Inc. 6.6
Partnership for Strong Families 6.6
Eckerd Youth Alternatives 6.5
Big Bend CBC West 6.1
Statewide 6.1
FamiliesFirst Network 6.0
St. Johns County Board of County Commissioners 5.9
Devereux CBC 5.7
ChildNet-Palm Beach 5.5
Heartland for Children 5.5
CBC of Seminole 5.3
Children's Network of SW Florida, Inc. 5.2
Kids First of Florida Inc 4.9
CBC of Brevard 4.9
Family Support Services of North Florida 4.2
Big Bend CBC East 3.7
CBC of Central Florida 3.5

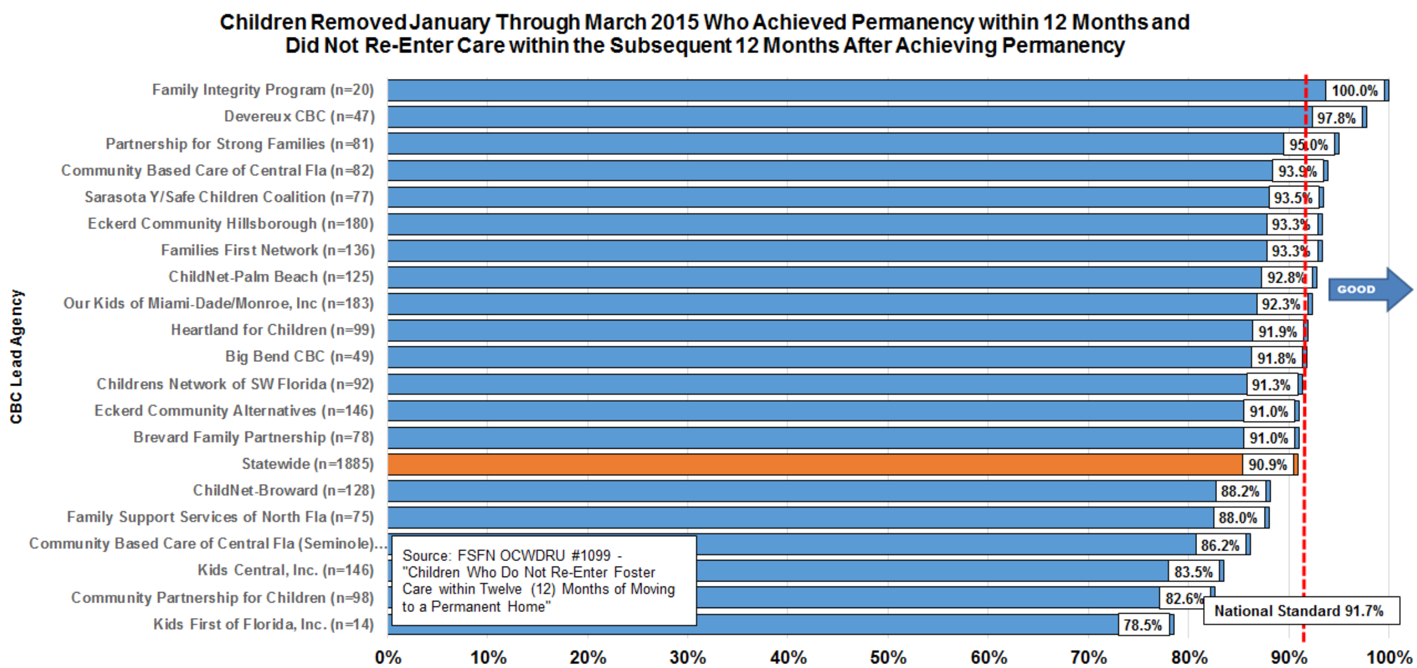

Removal Rate per 100 Children Investigated by CBC/DCF - SFYD 2016-17 (Apr)
0.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0
Eckerd Community Hillsborough 9.2
Sarasota Family YMCA, Inc. 8.0
Our Kids of Miami-Dade/Monroe, Inc. 6.7
St. Johns County Board of County Commissioners 6.7
ChildNet-Broward 6.6
Eckerd Youth Alternatives/Eckerd Community Alternatives 6.6
Partnership for Strong Families 6.4
FamiliesFirst Network 6.1
Devereux CBC 6.0
Children's Network of SW Florida, Inc. 5.9
Statewide 5.8
Heartland for Children 5.8
Kids Central, Inc. 5.4
Big Bend CBC West 5.1
Kids First of Florida Inc 4.9
CBC of Brevard 4.8
ChildNet-Palm Beach 4.8
Community Partnership for Children 4.7
CBC of Central Florida 4.1
Family Support Services of North Florida 3.9
CBC of Seminole 3.7
Big Bend CBC East 3.6

Heartland for Children has tended to exceed the State average in discharge rates from Out of Home Care, however, during the 16-17 FY these rates dropped to the State average. Additionally, HFC has consistently been meeting performance measures related to timeliness of permanency. (See following charts.)

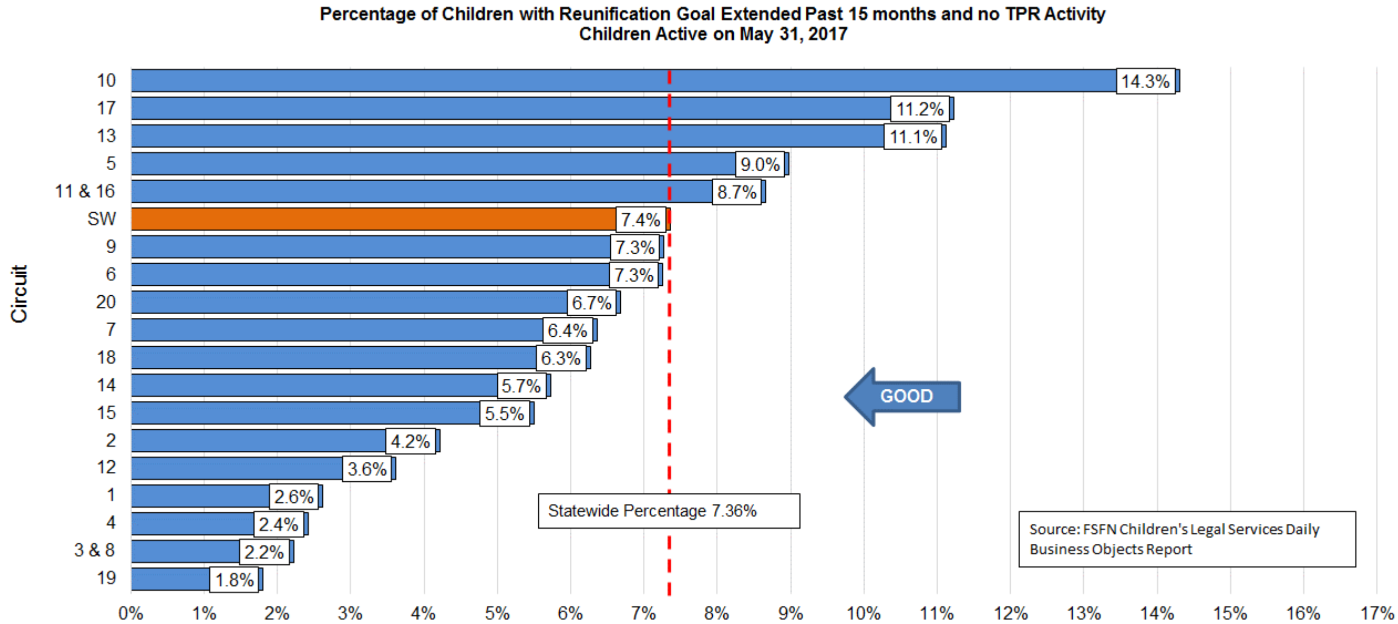




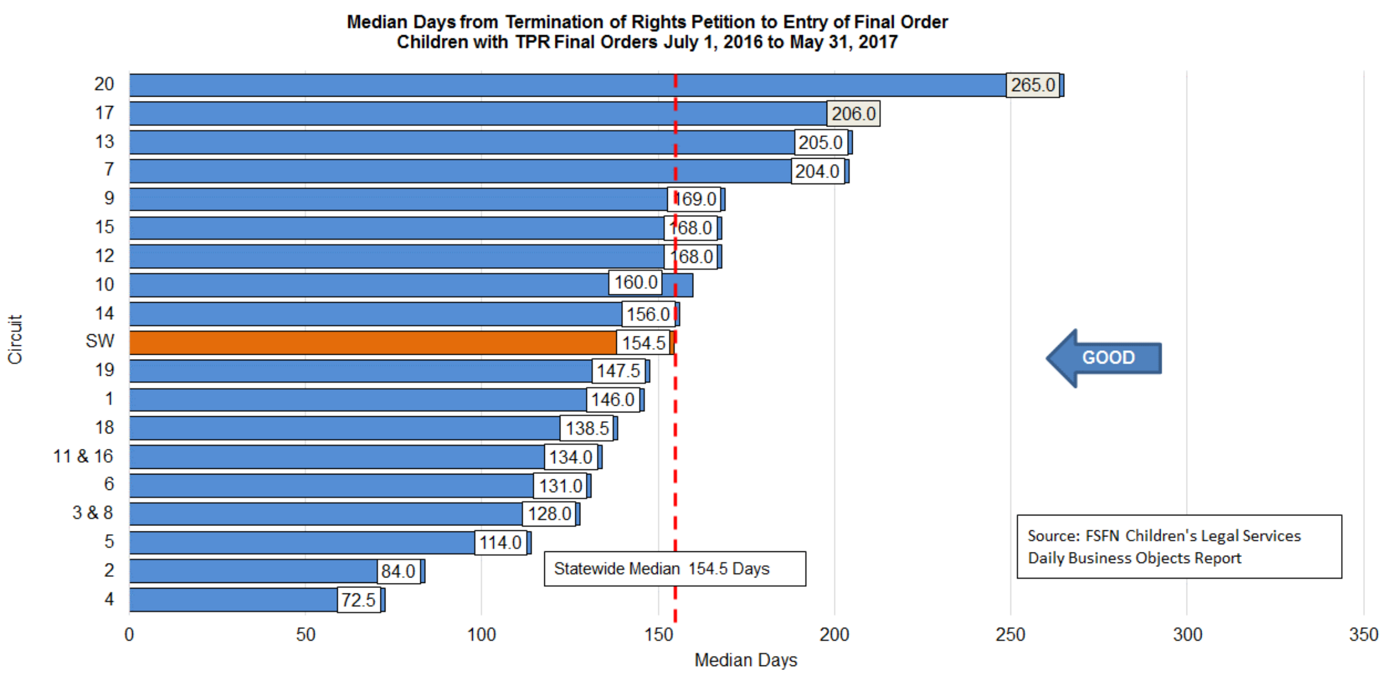




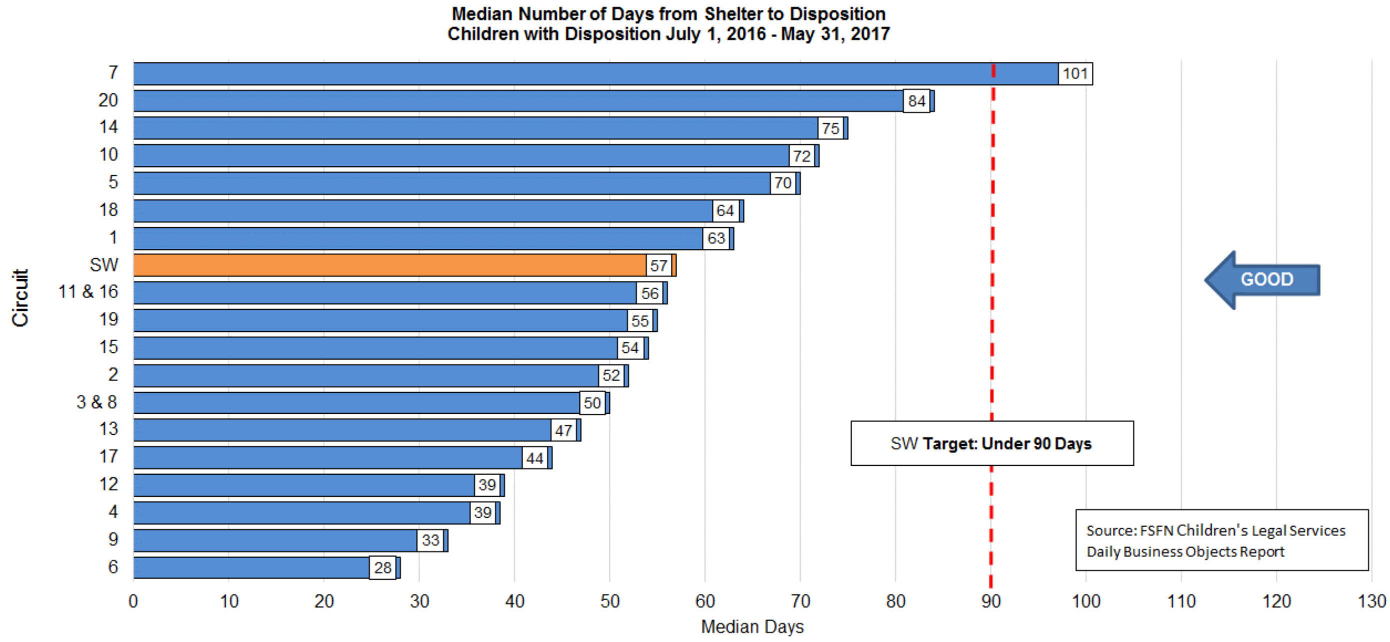
Increasing the rate at the back door will require ongoing partnership solutions with CLS and a willingness on everyone's part to identify barriers to performance and practice and implement whatever solutions are necessary to remove those barriers and improve practice. During the 16-17 fiscal year, HFC Executive Management, and Regional and Circuit 10 CLS leadership began meeting regularly to discuss barriers and areas for improvement in practice. These meetings will continue and serve as the foundation for strategy development, implementation and tracking for improvements in case practice resulting in improved closure measures and total caseload reduction. Measures from the Child Welfare Key Indicators Report related to judicial handling, point to areas for improvement for Circuit 10. (See below.) In partnership with CLS and our case management organizations, HFC will set a sustainability goal to safely close enough cases to reduce the total caseload and return to a more typical caseload size of 1750 children.



Percentage of Children with Reunification Goal Extended Past 15 months and no TPR Activity
Children Active on May 31, 2017
Circuit
10
17
13
5
11 & 16
SW
9
6
20
7
18
14
15
2
12
1
4
3 & 8
19
14.3%
11.2%
11.1%
9.0%
8.7%
7.4%
7.3%
7.3%
6.7%
6.4%
6.3%
5.7%
5.5%
4.2%
3.6%
2.6%
2.4%
2.2%
1.8%
GOOD
Statewide Percentage 7.36%
Source: FSFN Children's Legal Services Daily Business Objects Report
0%
1%
2%
3%
4%
5%
6%
7%
8%
9%
10%
11%
12%
13%
14%
15%
16%
17%



Median Days from Termination of Rights Petition to Entry of Final Order
Children with TPR Final Orders July 1, 2016 to May 31, 2017
Circuit
20
17
13
7
9
15
12
10
14
SW
19
1
18
11 & 16
6
3 & 8
5
2
4
265.0
206.0
205.0
204.0
169.0
168.0
168.0
160.0
156.0
154.5
147.5
146.0
138.5
134.0
131.0
128.0
114.0
84.0
72.5
GOOD
Statewide Median 154.5 Days
Source: FSFN Children's Legal Services Daily Business Objects Report
0
50
100
150
200
250
300
350
Median Days



6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

    a. September 30, 2017 (92 days) $ 8,395,473

    b. December 31, 2017 (92 days) $ 8,311,931

    c. March 31, 2018 (90 days) $ 8,152,698

    d. June 30, 2018 (91 days) $ 8,386,003

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities? N/A

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

    Heartland for Children regularly monitors and assesses our case management organizations' financial health. We have done this through a variety of methods including, reviews of expenditure reports for the programs to assess financial condition, quarterly meetings with the CMO Executive Leadership, and annual review of CPA audit findings. We utilize the quarterly leadership meetings to discuss a variety of issues (financial, performance workforce stability, changes in key leadership, additional resources needed, etc).

9. Additional information – Include any supplemental information that is relevant to your plan.

1. Heartland for Children Financial Viability Plan June 2017-June 2018											
1A	Reduce the number of children transferred from DCF to HFC for Dependency Case Management										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Expand implementation of the Care Portal	Kim Daugherty & Florida 111 Project	Fall 2017 expanding to Neighbor to Family	Spring 2017	Care Portal has been fully implemented with OHU in Highlands County, Florida.	Next step is to expand the Care Portal to Neighbor to Family in Fall 2017. Meeting has been set up to explore the rollout details with leadership staff from both programs.	21 Families Served during last 6 months of 16-17 FY	To assist 60 families during the year	Careportal.org	10 families for Q1, 16 families for Q2 and 17 families for Q3 & Q4	
2	Work with DCF and Peace River Center to increase the CPI Co-located DV Advocate's availability for case consultation for CPIs	Genet Stewart, David Stoops & Linda Parker	ongoing		Peace River Center has hired, Linda Parker, their new director of DV services. HFC and DCF have spoken to her about the numerous concerns and have provided documentation to her to support those concerns. The program is in transition.	The conversations with PRC will continue. FCADV has offered technical assistance as well.	Unknown	To increase the availability of the Co-Located Advocate to provide case consultation to CPI's as they investigate family violence.	PRC reports and CPI tracking		
3	Continue "Out of Home Care" workgroup with DCF to set targets quarterly and for the fiscal year	David Stoops, Genet Stewart & Bill Nunnally	ongoing	Fall 2016	OHC workgroup met Aug 2nd to develop goals for FY 17 18. Removals - 63 children per month. IHNJ - 17 children per month.	Workgroup will continue to meet monthly.	July, 88 children were removed and 19 staffed over for IHNJ	removals = 63; IHNJ = 17;	HFC data packet/CLS report	Q1 = 216 removals; Q2 = 189 removals; Q3=189 removals; Q4 = 189 removals	Cost avoidance based on reduction of quarterly removals from 228 children from FY 16-17 to quarterly targets in this plan. Assumes 30% of removals go into licensed care (based on last 3 year average) at an average cost of $49/day (recent daily rate range). Q1 = 13,260, Q2 = 26,460, Q3 = 52,920, Q4 = 79,380.
4	Advocate with ME for utilization of Behavioral Health Consultants to conduct assessments for families undergoing an investigation and link to appropriate SAMH services	Genet Stewart	ongoing	Spring 2017	As of July 1, the SAMH integration specialist positions were eliminated. One behavioral health consultant is working in Highlands/Hardee Counties. There are no behavioral health consultants in Polk.	HFC will continue to have conversations with DCF and CFBHN about these positions.	N/A	Have behavioral health consultants available to CPI's throughout Circuit 10			
5	HFC, CPI and CLS leadership participate in C10 Shelter workgroup bi-weekly. Prior to the meetings, disseminate list of questionable removals for prior 2 weeks with questions and an opportunity to discuss at the meeting.	David Stoops, Mercy Hermida, Bill Nunnally & Melinda Bozeman	Ongoing	2/1/15	Ongoing	The C10 Shelter Workgroup has been meeting biweekly for well over 2 years. We have recently announced plans for the workgroup to expand its current scope and begin reviewing incoming shelter through the lens of Conditions for Return.	NA	NA	NA	NA	
6	Explore system enhancements and/or adjustments with DCF leadership to reduce shelters	Teri Saunders, Genet Stewart, David Stoops, Stephanie Weis and Bill D'aiuto	ongoing	Summer 2017	These discussions have not yet started with DCF leadership. The enhanced safety management pilots have had some impact, but more is needed to reduce shelters to a number which the system of care can successfully maintain	Decision Support Teams and other approaches which have demonstrated results in reducing shelters and enhancing decision making will be explored	N/A	TBD			

1. Heartland for Children Financial Viability Plan June 2017-June 2018											
1A	Reduce the number of children transferred from DCF to HFC for Dependency Case Management										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
7	Legal Aid Program - Integrate legal expertise into upfront assistance for families undergoing an investigation (Detroit model) as an approach for preventing shelters and for assisting families pre-disposition.	April Rolle	Ongoing	November 2016	In Progress	For "enhanced safety management" cases, parents/caregivers can apply to SCARF; for "parents in need of assistance" cases, parents/caregivers can apply to NTF, for legal financial assistance if the parent/caregiver does not qualify for Legal Aid Services. If they meet eligibility criteria, parents/guardians will receive financial assistance to pay a flat fee for legal fees/costs to the attorney/firm of their choosing.	29 Families last 4 months of 16-17 FY	88 Families for the year	HFC Tracking	22 families per quarter	
1B	Maintain out of Home Care expenditures within daily budgeted amount of $22,073										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Utilization of GAP to stabilize placements with relatives & nonrelatives	GAP Program Manager	Ongoing		Ongoing	The GAP Team provides supports to relative and non-relative caregivers. These supports include assistance with obtaining resources, applying for funding, placement disruption intervention, caregiver support groups, as well as special services or requests during the caregiving experience	For last 6 months of FY 16-17, 22 children/youth maintained with relatives	48 children/youth maintained in relative placements	GAP program	12 per quarter	Cost avoidance would be keeping all 12 cases from entering into care. Assumes all removals will go into licensed care. Q1 = 5,175, Q2 = 15,525, Q3 = 25,875, Q4 = 36,225
2	HFC to conduct weekly OHC meetings (internal) & weekly calls with CMOS regarding permanency & OHC	Vanessa McCottry, Susan Ripley, CMO Directors	Ongoing		Ongoing	The Lic. And Placement Managers meet weekly to review new homes projected to become licensed and look at children in RGC and siblings separated. They explore possible matches and plan for the communication that will need to take place so thoughtful moves and transitions can occur.	week of 8/14/17 - three matches being worked on.	6 matches per month	HFC Operations & Licensing teams	18 matches per quarter	
3	Interagency coordination regarding placements of high cost youth	Amanda Wilson & Genet Stewart	Ongoing	Spring 2017		Regularly scheduled conference calls have been occurring with APD to discuss post-adoption and dependency children. DJJ, DCF and HFC have begun meeting to discuss the crossover youth and implement strategies to serve these youth in the community.	In the past two months, there has been an increase of children entering the foster care system through DJJ lockout calls	Staff 29 children and divert 75% of them from licensed care	HFC tracking	Q1=6; Q2=6; Q3=6; Q4=6	Cost avoidance would be keeping the 75% of the cases from entering into care. Assumes all removals will go into licensed care Group Homes. Q1 = 20,250, Q2 = 40,500, Q3 = 81,000, Q4 = 121,500

1. Heartland for Children Financial Viability Plan June 2017-June 2018											
4	Build additional capacity for placements in foster homes	Kim Daugherty	June 30, 2017 - Goal of 70 Homes	July 1, 2017	3 homes since 7/1/17	There are 3 homes scheduled to be lic. the week of 8/14/17. The Bartow class that will start on 8/22 there are 22 families registered. There are 7 families registered for the 9/16 accelerated class and 7 families register for the North Lakeland class starting on 10/12.	As of 8/14 - three homes lic.	6 homes per month	HFC tracking		
1C	Increase the number of children achieving permanency & case closures										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	CMOs & CLS to utilize conditions for return to safely move children out of licensed care	Mercy Hermida, Bill Nunnally, April Rolle and CMO Directors	TBD	Discussions began with CMO & CLS in July	planning & training stage	Conditions for return have not yet been integrated into court preparation nor have they been presented in court, but CMO & CLS have committed to implementing it.	N/A	N/A			
2	Implement Rapid Permanency Review process with consultation from Casey	Bill Nunnally	1/1/18	6/7/2017	In Progress	HFC has partnered with Casey Family Programs to execute a Rapid Permanency Review initiative in Circuit 10. At the time of this plan submission, we have completed our Steps to Permanency exercise and will be meeting with the Casey team on 8/22 to finalize our plans to enter into the reviews.	NA	77 children/teens to be reviewed in Sept. 40% of reviewed cases to be brought to permanency through the process (this is reflective of historical reporting by Casey on reviews in other areas nationwide).	RPR tracking	Q! = 0; Q2 = 0; Q3=15; Q4=15	Q1 = 0, Q2 = 0, Q3 = 3,431, Q4 = 10,293.75
3	Review of cases in care greater than 15 months with goal of reunification and no TPR activity	Mercy Hermida & Genet Stewart	ongoing	Summer 2017	Initial meeting with CLS, HFC and CMO permanency managers was held on August 4, 2017. Staffings will begin in September 2017.	Circuit 10 has the highest percentage of cases open longer than 15 months with a goal of reunification and no movement towards TPR.	14.30%	7.40%	Key Indicators report		
4	HFC & CLS Leadership to meet every other month to evaluate and develop strategy to improve permanency	Teri Saunders & Karlene Cole-Palmer	Ongoing	Nov 2017	Meetings are occurring every other month	We have set an aggressive, long term goal that is in alignment with our 10 year history. It is noted that this is a multiple year goal.	Total caseload 2152 on 6/30/17 (includes OTI/ICPC cases)	Reduce Overall caseload to 1690.	HFC data packet	Sept 30, 2017 = 2150; Dec 31, 2017=2100; March 31, 2018 =1950; June 30, 2018 = 1850	

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		1247	1250	1230	1220	1210		123	150	130	125	120
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Kids Central, Inc.
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 38,666,497

   b. Estimated Carry Forward Funding $ 0

   c. Total $ 38,666,497

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 40,860,156.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ ***(deficit)*** of $ 2,193,659.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 38,666,497

   b. Estimated Carry Forward Balance on 6/30/2017 $ 0

   c. Other projected revenue (identify *see below) $ 596,027

   d. Total $ 39,262,524

   *Other projected revenue; Services to Prevent the Maltreatment of Children Grant - $147,624; Florida Intelligent Recruitment Project - $269,085; Adoption Incentive Award - $90,918; CBCIH Service Coordination Revenue - $88,400

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 41,781,124.

3. What is your projected core services surplus/ ***(deficit)*** for the end of SFY 2017-2018? $ 2,518,600.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   Not Applicable

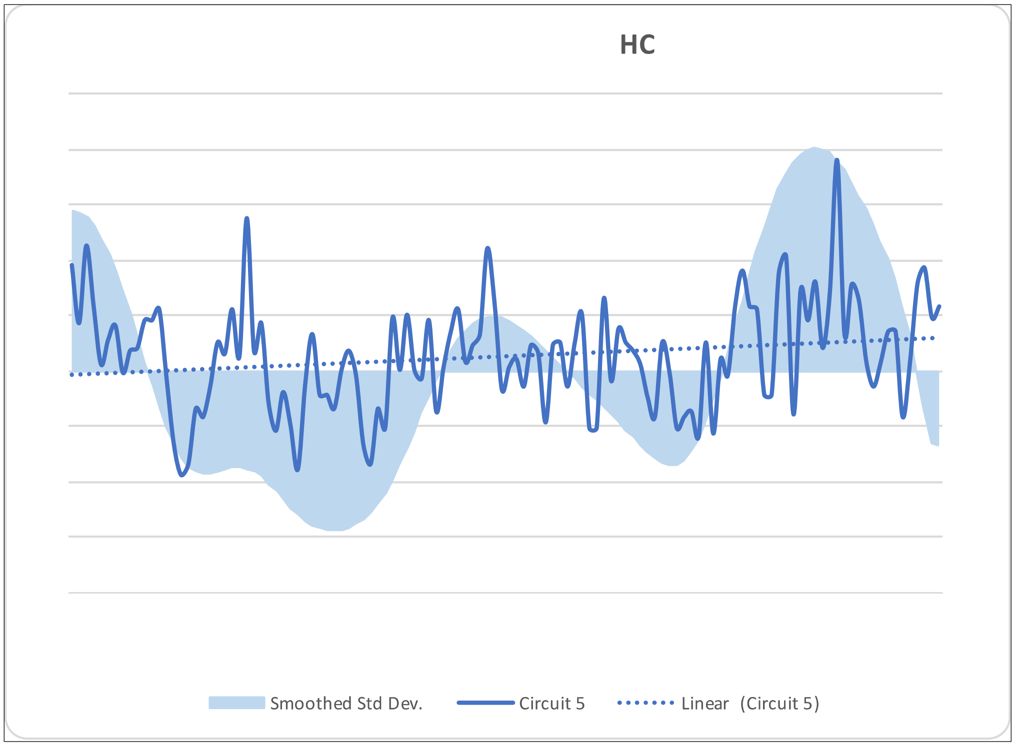
   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

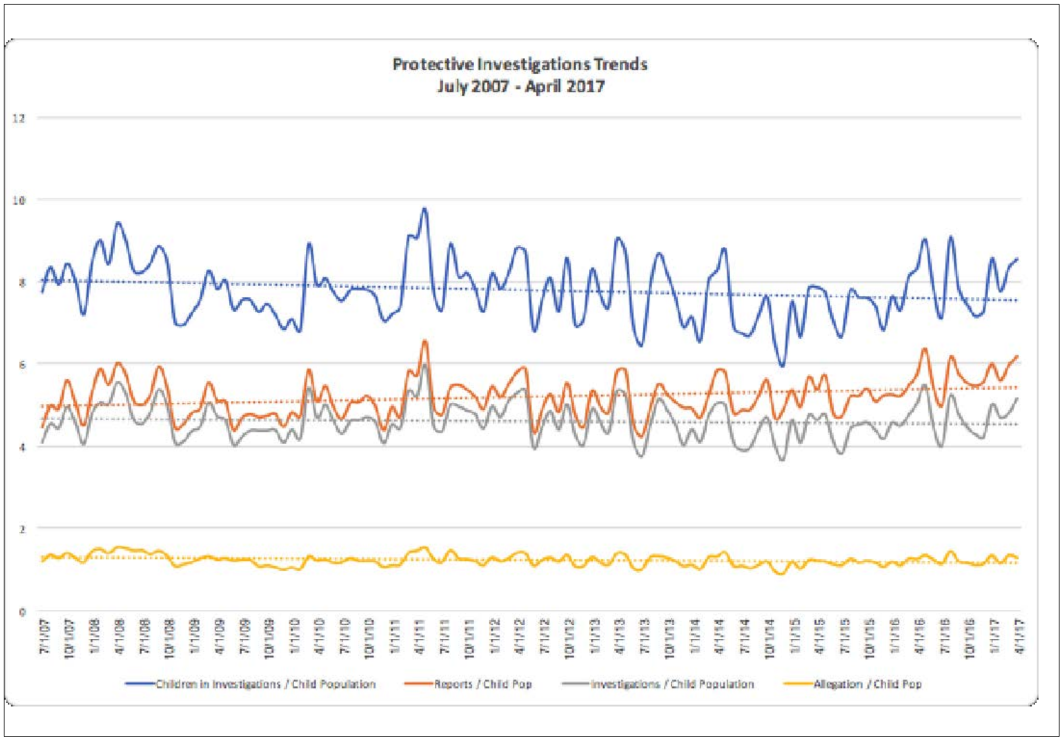
   a. Factors related to entries into care.

The existing out-of-home care volume has driven by a marked increase in removals across C5. The following charts[1] provide insight to casual factors which may be driving this removal.

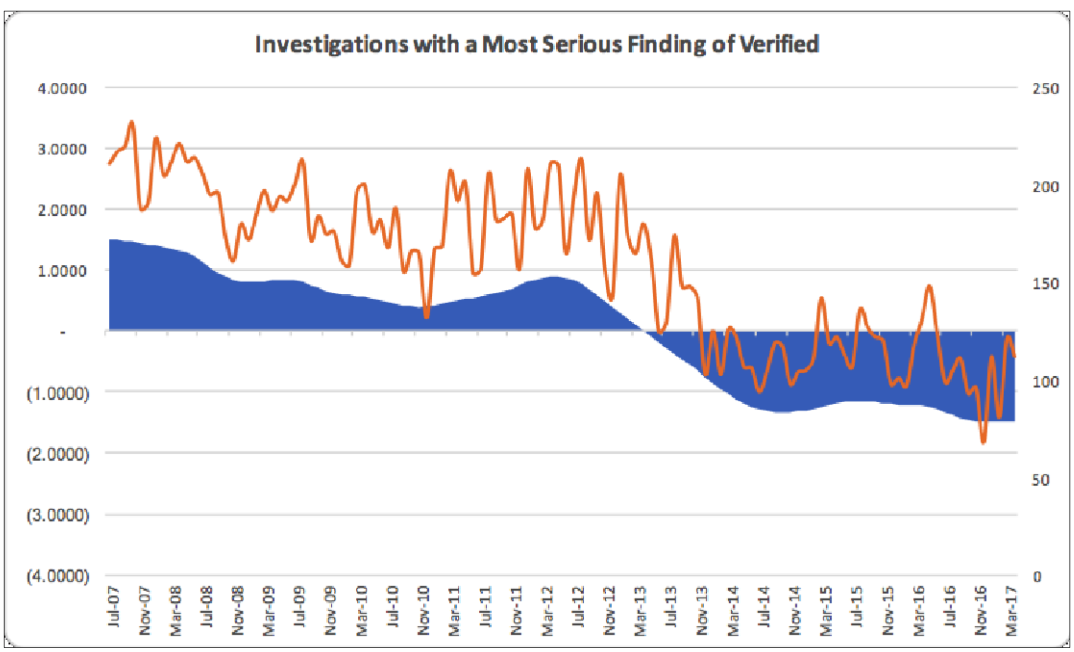
Entries to OHC spiked significantly beginning in November 2014. However, the increase in removals does not correlate with a significant change in any Child Protective Investigative related trend.

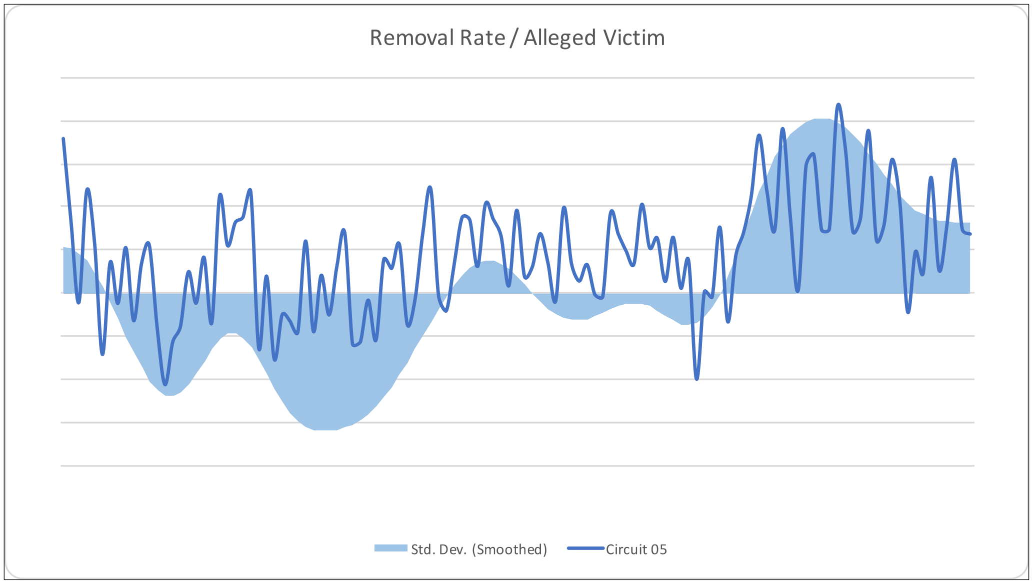


[1] Please Note: Several charts depict a "Smoothed Standard Deviation" in addition to the primary data trend. This analysis identifies points in time when significant changes in performance have occurred.



Simultaneously, there has been a significant increase in removals / alleged victim. Most interestingly, the increase in removals is accompanied by a significant decrease in the number of investigations resulting in a most serious finding of verified. Again, this increase began in November 2014.



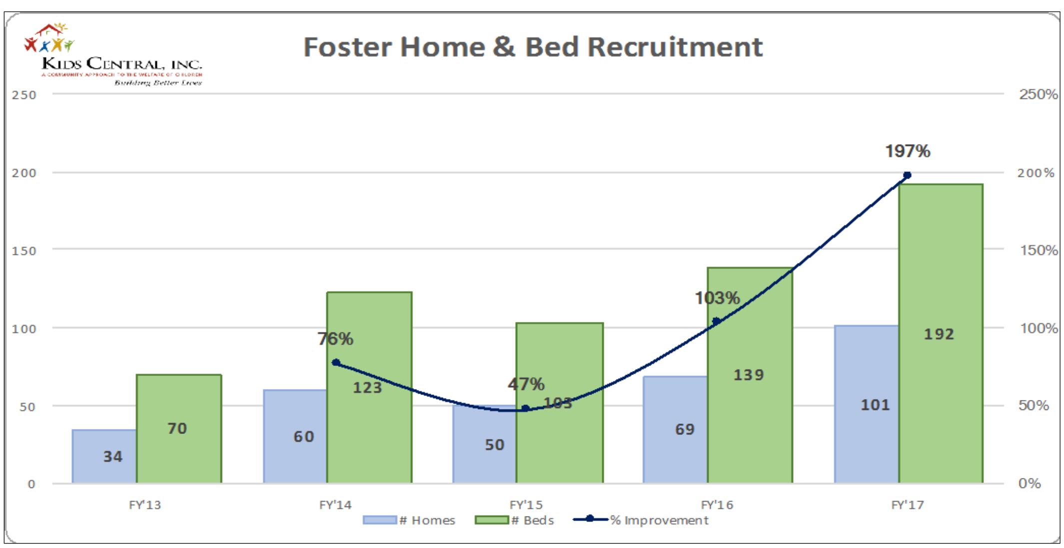


Finally, it should be noted: the increase to removals has occurred even though the Florida Department of Children and Families determined the array of diversion services implemented by Kids Central to be one of only two "Four Star" systems in the state.

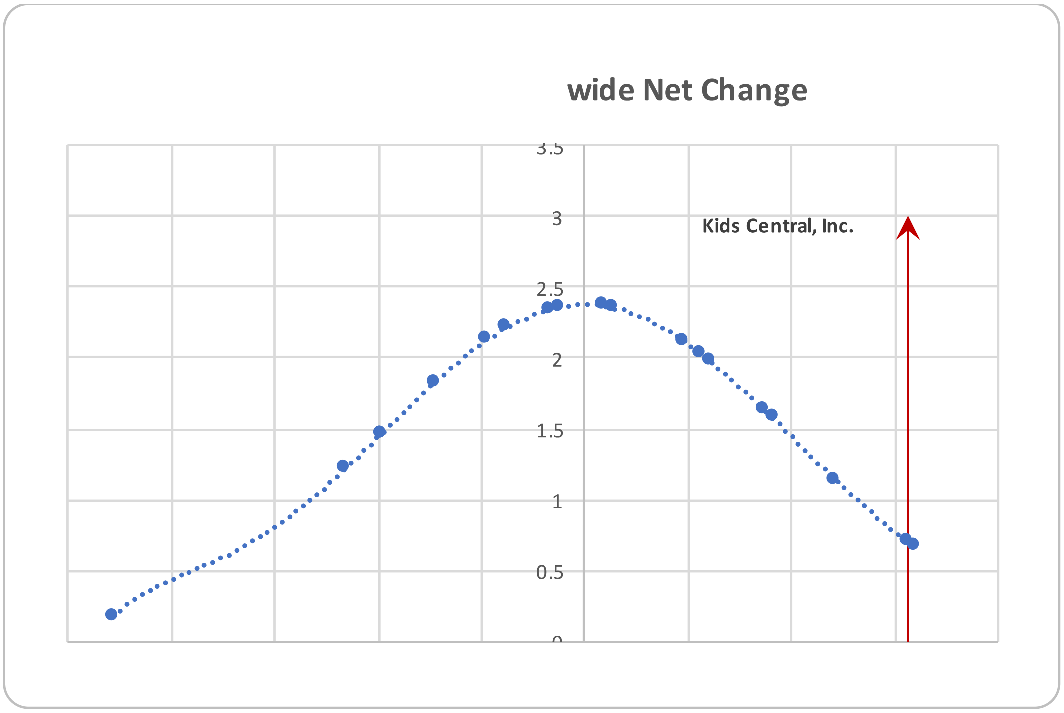
b. Factors related to the cost of children while in care.

Kids Central has worked to minimize the cost of children in care by implementing a Segmented Marketing Plan with the intent of recruiting foster and adoptive homes willing and able to care for children in a geographic and demographic areas demonstrating the highest need (targeted communities and homes for older youth).

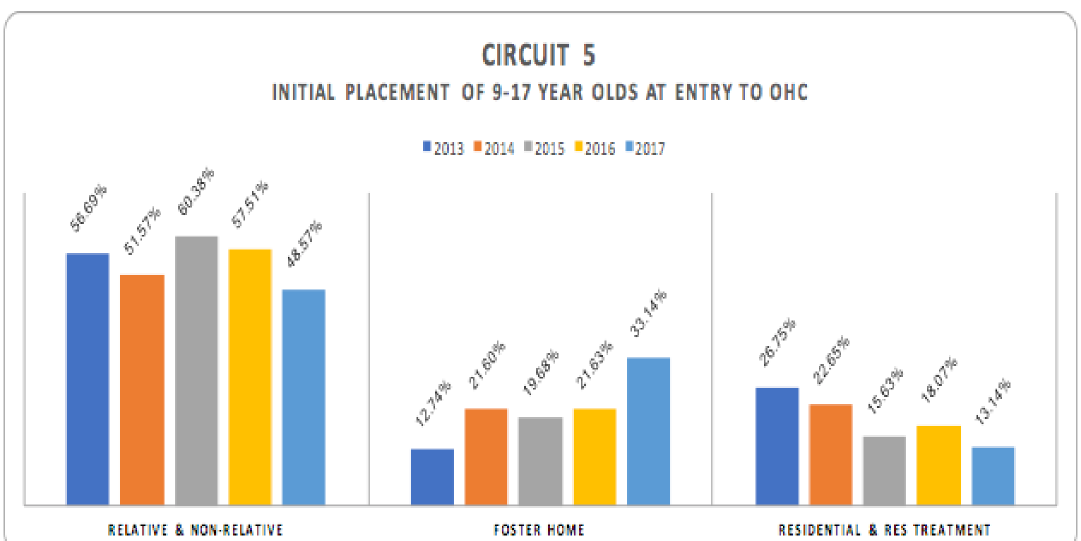
Since implementing the marketing plan, annual recruitment of foster homes has increased by nearly 200%.

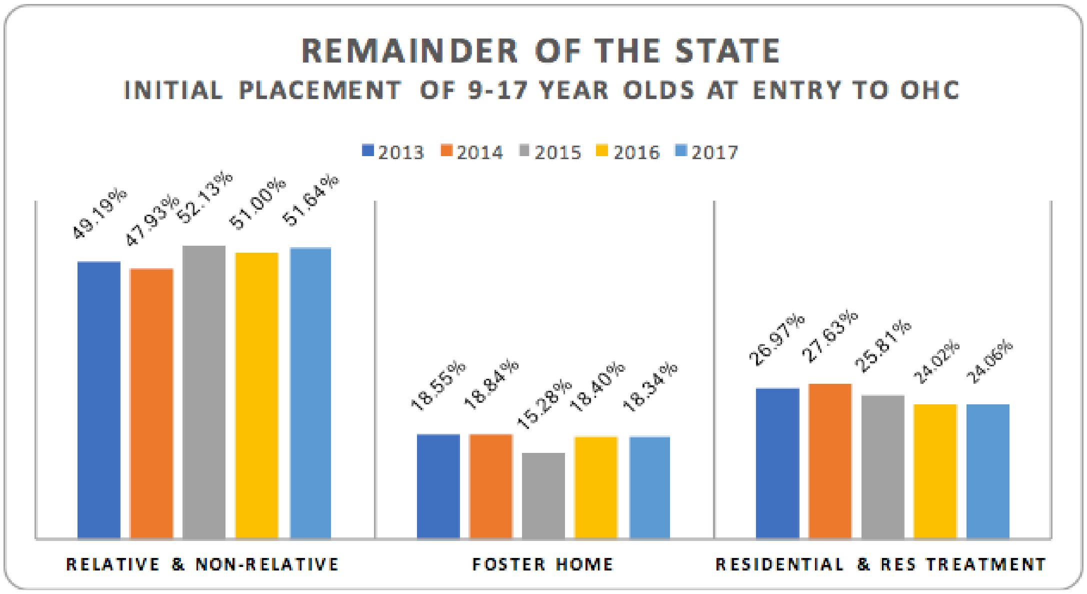


Kids Central has also excelled in foster home retention. During FY'16-17 there was a statewide net increase of 122 foster homes. Kids Central was responsible for 35% (+ 43 homes) of this increase. Statistically, performance during the year was equaled only by Our Kids of Miami Dade County and outpaced all other CBCs in the state.



Over the past three years, Kids Central has shown marked improvement in the ability to place children and youth in a targeted population (youth aged 9-17), in the least restive setting at the time of removal. The following charts depict C5 and statewide performance by calendar year.



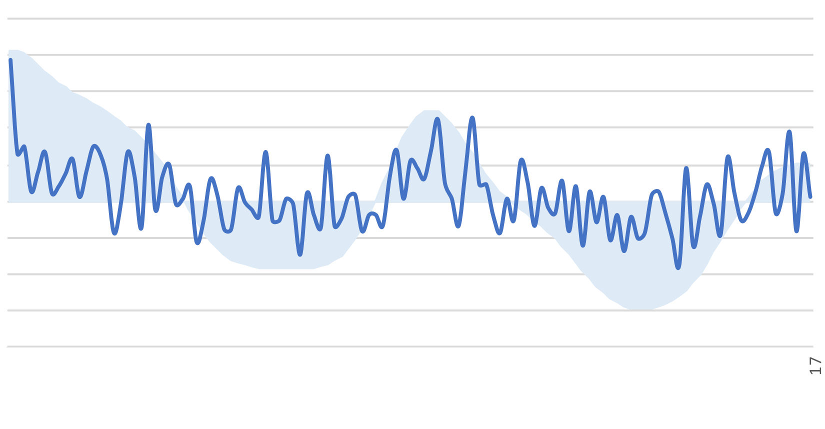


Finally, to facilitate movement of children to less restrictive setting and expedite permanency. Children residing in residential settings costing more than $50 / day are reviewed monthly and staffed as necessary.

c. Factors related to exits from care.

Exits from OHC are a lagging indicator. Federally, less than 50% of children removed from home achieve permanency in less than 12 months. Given the rapid increase to removals per month and the historical rate of exits from OHC, equilibrium (exits per month roughly equaling entries) will not be reached for at least 36 months.

Though there is variation from month to month, exits from OHC began to increase approximately 12 months after the increase was noted. Our plan includes elements related to safely increasing exits from care, particularly as they support appropriate Conditions for Return and ability to implement effective Safety Plans.



Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

   The action plan has been developed using DCF's recommend format and is attached.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 10,445,281

   b. December 31, 2017 (92 days) $ 10,236,375

   c. March 31, 2018 (90 days) $ 10,027,470

   d. June 30, 2018 (91 days) $ 11,071,998

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

Unless Kids Central receives additional core services funding, a large portion of the expenditures for the month of June 2018 will be paid from the first advanced payment for fiscal year 2018-2019.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability. For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   To prevent creating financial hardships for case management organizations, Kids Central compensates providers in a manner that ensures reimbursement for all eligible costs incurred. Negotiated contract rates segregate fixed costs, such as rent and professional liability insurance, from costs that vary based on the number of employees, such as salaries and benefits. Case management providers are reimbursed for 100% of budgeted fixed costs and, based on the number of positions filled, providers are reimbursed for 100% of the variable costs incurred. This rate structure ensures the financial burden of the DCF contract deficit is retained at Kids Central and not passed on to our contracted providers.

   - Review of most recent CPA audit to identify findings or questioned costs,
   - Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
   - Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
   - Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
   - Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.

1. Kids Central Financial Viability Plan June 2017-June 2018

1A **Reduce OHC by 10% by 6/30/18**

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Implement Family Support Services for unsafe non-judicial families	Sharon Gibbs	9/15/2017 (Services Initiated) Implementtion through June 2018	7/1/17	In procress	This entails a modification of the Family Connections program for use with non-judicial families found to be unsafe.	Planning (Staff Training is presentaly underway)	Families Served: ➢ September - 6 ➢ October - 8 ➢ November - 10 ➢ December - 10 ➢ January - 11 ➢ February - 11 ➢ March - 11 ➢ April - 12 ➢ May - 12 ➢ June - 12	Internal referral and service tracking through MindShare	Averge Service Volume: ➢ 1st Quarter - 6 ➢ 2nd Quarter - 9.33 ➢ 3rd Quarter: 11.33 ➢ 4th Quarter: 12 Cost savings will not be realized during FY'18	Cost savings are projected from the month of discharge through the end of the fiscal year: ➢ September - $95,833 ➢ October - $86,250 ➢ November - $76,667 ➢ December - $67,083 ➢ January - $57,500 ➢ February - $47,917 ➢ March - $38,333 ➢ April - $28.750 ➢ May -$19.167 ➢ June - $9,583 Total: $527,083
2	Reduce entries to OHC	Shalonda McHenry-Sims & Sharon Gibbs C5 Operations Manager - Robert Redding	6/30/2018	8/1/17	Planning	Reduce Entries: 1) Review a representative sample of entries from July 2017 to identify whether services could have allowed children to be maintained safely in the home (by 9/1/17), 2) Determine whether changes to the existing services, the service array, or staff trainin is required (by 10/15/17), 3) Develop implemenetation plan (by 11/1/17).	Planning	Net Cummulative Reduction to OHC ➢ September - 16 ➢ October -33 ➢ November - 49 ➢ December - 66 ➢ January - 82 ➢ February - 99 ➢ March - 115 ➢ April - 132 ➢ May - 148 ➢ June - 165	FSFN, OCWDRU Report #1182 Entries and Exits on Demand and Weekly Internal Tracking	Net cummulative reduction to OHC: ➢ 1st Quarter - 16 ➢ 2nd Quarter - 66 ➢ 3rd Quarter: 115 ➢ 4th Quarter: 165	
3	Increasing discharges to permanancy by utilizing *Conditions for Return* in cases where children can return home safely with safety services	Shalonda McHenry-Sims & Sharon Gibbs DCF C5 CLS	6/30/2018	8/1/17	Planning	Increase Exits: 1) Review cases where reunification is possible to identify whether Conditions for Return and Safety Plans are current (by 10/1/17), 2) Identify whether CMA technical assistance or training is required (by 11/1/17), 3) Identify internal orexternal barriers to permanency (by 11/1/17), 4) Develop plan to utilize Conditions for Return and appropriate Safety Planning to facilitate reunification (by 12/1/17)	Planning				
4	Permanency Staffings	Sharon Gibbs	9/1/17	7/1/17	In-Process	Conduct Permanency Staffing within the first 90 days of shelter to review Conditions for Return and identify whether other permanency options should be considered	Planning	100% of existing cases sheltered reviewed by December, ongoing entries within 90 days	Internal Tracking	➢ 1st Quarter - N/A ➢ 2nd Quarter - 100% ➢ 3rd Quarter: 100% ➢ 4th Quarter: 100%	

1. Kids Central Financial Viability Plan June 2017-June 2018											
1B	Ensure Children in OHC are Served in the Least Restrictive Setting										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
1	Recruit 88 new foster homes during FY'18	Courtney Barnett	6/30/2018	7/1/17	In-Process	Continue to implement the Segmented Marketing plan to recruit and sustain foster homes		88	Internal tracking and OCWDRU Report #1090	Cummulative Recruitment & Licensing ➢ 1st Quarter - 14 ➢ 2nd Quarter -38 ➢ 3rd Quarter: 62 ➢ 4th Quarter: 88	Cost savings are projected from the month of license through the end of the fiscal year: ➢ August - $201,300 ➢ September - $228,750 ➢ October - $205,875 ➢ November - $183,000 ➢ December - $160,125 ➢ January - $137.250 ➢ February - $114,375 ➢ March - $91,500 ➢ April - $68.625 ➢ May -$50,325 ➢ June - $25.163 Total: $1,466,288

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		N/A	1,645	1,596	1,546	1,497		9.47%	Maintain < 10%	Maintain < 10%	Maintain < 10%	Maintain < 10%
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Kids First of Florida, Inc.
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 6,612,645.00

   b. Estimated Carry Forward Funding $ 2,410,685.00

   c. Total $ 9,023,330.00

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 6,424,945.57.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 2,598,384.43.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 6,612,645.00

   b. Estimated Carry Forward Balance on 6/30/2017 $ 2,172,417.00

   c. Other projected revenue $ 120,000.00 (Donations, Clay County, Sunshine)

   d. Total $8,905,062.00

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 6,874,691.00.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 2,030,371.00.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      On a monthly basis, KFF's Programs Operations Unit (POU) reviews the children coming into care. During the fiscal year 2015 – 2016, KFF had an average of 15 children a month entering care. During the fiscal year 2016 – 2017, KFF had an average of 13 children a month entering care. During the 4th quarter (April, 2017 – June, 2017), KFF had an average of 5 children a month entering care. Currently, there is no major factors in this area but KFF will continue to monitor the situation and will continue to work our DCF Contract Manager, the CPIs, the judicial system, the school system and all other partners.

   b. Factors related to the cost of children while in care.

      On a monthly basis, KFF's Sr. Management team and the Data Analyst review trends associated with the children in care. High Cost Placements are reviewed at that time. On May, 2016, KFF had 406 children in care and on June, 2017, KFF had 396 children in care. KFF continues to recruit Family Service Counselors to provide case management services. As of May, 2016, KFF had 29 Family Service Counselors on staff helping to serve 406 children in care. As of June, 2017, KFF had 29 Family Service Counselors on staff helping to serve 396 children in care. As of May, 2016, the average Non-Judicial case load was 8 cases serving 17 children while the average Judicial case load was 12 cases serving 23 children. As of June, 2017, the average Non-Judicial case load was 8 cases serving 19 children while the average Judicial case load was 12 cases serving 22 children. Compared to other CBCs in the region, KFF case load is at a good level but KFF continues to monitor the case load because it is a goal to provide innovative and quality services within the budget. Currently, there is no major factors in this area but KFF will continue to monitor the situation and will continue to work on recruiting new foster homes, working with our current foster homes and negotiating cost of care agreements.

c. Factors related to exits from care.

On a monthly basis, KFF's Programs Operations Unit (POU) reviews the children exiting care. During the fiscal year 2015 – 2016, KFF had an average of 13 children a month exiting care. During the fiscal year 2016 – 2017, KFF had an average of 10 children a month exiting care. During the 4th quarter (April, 2017 – June, 2017), KFF had an average of 14 children a month exiting care. Currently, there is no major factors in this area but KFF will continue to monitor the situation and will continue to work on adoptions, providing wrap around services in order to close reunification cases and the judicial system. KFF has continually beat our adoption goals.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan. For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

   KFF Management will continue to monitor expenditures and the underlining factors. See Attachment C-2. KFF had out of home care expenditures (LCFHO, LCRGE, SEC00), for fiscal year 2015 – 2016, in the amount of $1,585,650.41 compared to $1,419,978.47, for fiscal year 2016 - 2017.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 1,702,000.00

   b. December 31, 2017 (92 days) $ 1,748,000.00

   c. March 31, 2018 (90 days) $ 1,685,000.00

   d. June 30, 2018 (91 days) $ 1,739,691.00

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

KFF reviews cash on a daily, monthly, quarterly and annual basis. Budgets and burn ratios are reviewed monthly, quarterly and annually.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   KFF provides case management services in house and therefore can react more quickly to issues and situations. Providing case management services, in house, allows KFF to have more control of financial issues that occur.

   Other direct services provided, out of house, such as, but not limited to parenting, supervised visitations, therapy, anger management and trauma therapy, are monitored financially, such as, but not limited to, reviewing CPA audits, reviewing submitted invoices, reviewing an agency's financial position and assessing risk.

9. Additional information – Include any supplemental information that is relevant to your plan.

   KFF's Senior Management Team has extensive experience in the non-profit field and has worked for a CBC for a long period of time.

   Irene Toto, the Chief Executive Officer, holds a Master of Science in Mental Health and is a Licensed Mental Health Counselor. Irene has been working in the non-profit field for 34 years and holds a certification in Non-Profit Management from Rollins College. Irene has been the CEO, for KFF, since 2005.

   Joanne Robertson, the Chief Operating Officer, holds a Master degree in Social Work from Boston University and is a Licensed Clinical Social Worker. Joanne has worked in the non-profit field for over 30 years with a specific concentration in the field of child welfare for approximately 21 years. Joanne has been the COO, for KFF, since 2017.

   Kevin Davidson, the Chief Financial Officer, holds a Bachelor of Science in Accounting and a Master of Business Administration. Kevin has worked in the non-profit social services field for 27 years. Kevin has been the CFO, for KFF, since 2005.

   In order to maintain efficient use of funding, KFF's Business Operations Unit (BOU) has meetings with KFF's Programs Operations Unit (POU) with regard to residential care group homes. Group home placements are very costly to the agency and the State of Florida and children that are placed in group homes miss the loving, nurturing environment that a core family provides. During high cost placement meetings, the children are monitored for progress, cost of care, and length of stay. When a child, who was initially placed in a group home due to behavioral or mental health issues, makes progress, then alternative placements are explored.

   The BOU also regularly reviews "best practices" in order to become more efficient. A goal of the BOU has been to get the best quality service available, while being able to provide services to the most amount of families and children, in the most cost efficient price. In other words, the best bang for the buck. The BOU continually looks at partners, to sub-contract with, that are able to provide the best quality service, at a competitive cost. KFF sub-contracts with other non-profit agencies.

   KFF continually looks at operational expenditures to reduce cost, including "piggy backing off" government entity procurements, negotiating lower contracts and competitive pricing procurements.

Kids First of Florida, Inc. (KFF) Financial Viability Plan June 2017-June 2018											
1	Reduce out of home placements										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1a	KFF will enhance in home non judicial and Safety Services programs to support a reduction in out of home placements.	Joanne Robertson / Robin Briseno-Pool	7/1/2018	7/1/2017	Planning	KFF has established an internal Non Judicial services work group to focus on this reduction. Work group will include provider representatives. First steps have included reorganizing units to align the most effective skills and supervision of cases. We have also added a new position - Critical Child Safety Practice Supervisor that will be proficient in the Practice	As of 6/30/2017, KFF had 275 Out of Home Placements. The goal for 6/30/2018, will be 264 Out of Home Placements.	Increase in home non-judicial cases by 4% by the end of FY17-18	FSFN	1st Qtr: 1% increase from FY16-17 Baseline 2nd Qtr: 1% increase from FY16-17 Baseline 3rd Qtr: 1% increase from FY16-17 Baseline 4th Qtr:1% increase from FY16-17 Baseline	A reduction in out of home placements will save KFF $500 to $3,000 per month per child.
2	Increase foster homes										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
2a	KFF plans to recruit 26 new foster parents. Emphasis will be placed on recruiting foster parents for teenagers.	Joanne Robertson / Robin Briseno-Pool	7/1/2018	7/1/2017	PRIDE training is completed quarterly	New foster homes are needed so that group homes will only be utilized, when necessary. Foster homes become inactive as foster parent's adopt children and decide to no longer foster. It is necessary to continue to recruit in order to maintain an adequate amount of available beds. Teens are often challenging to place therefore we consistently need available options.	78 active foster homes as of 6/30/2017	84 foster homes	KFF Stats	1st Qtr: 1 home 2nd Qtr: 2 homes 3rd Qtr: 2 homes 4th Qtr: 1 home (Numbers are Net)	A foster home bed could save KFF $100 to $200 a day when compared to a group home placement.
2b	Develop a system to determine appropriate enhanced rates for specialized placements including teens, medical, DJJ, and difficult to manage behaviors	Joanne Robertson / Robin Briseno-Pool	7/1/2018	7/1/2017	Planning	This goal will be addressed by our Quality Foster Parent/Rate Enhancement Work Group. KFF is also encouraging providers to develop specialized services for our teen population and foster parents who accept teen placements. KFF has also formed an internal workgroup and is reviewing plans from other CBCs who have similar programs.	NA	5 speacialized placement homes	KFF Stats	1st Qtr: 1 home 2nd Qtr: 1 home 3rd Qtr: 1 home 4th Qtr: 2 homes	

Kids First of Florida, Inc. (KFF) Financial Viability Plan June 2017-June 2018											
3	Meet or exceed our adoption goal of 55 children adopted during the fiscal year.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
3a	KFF plans to meet or exceed its goal of 55 adoptions.	Joan Underwood / Unit 705	7/1/2018	7/1/2017	Adoptions are tracked monthly.	Adoptions allow children to achieve permanency and allows KFF to successfully close cases.	On target	55 adoptions	KFF Stats	1st Qtr: 10 adoptions 2nd Qtr: 8 adoptions 3rd Qtr: 10 adoptions 4th Qtr: 27 adoptions	If a child is placed in licensed care prior to being adopted, a child achieving permanency through adoption can save KFF between $500 to $3,000 a month in licensed care costs.

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		275	273	271	268	265		10	9	9	8	8
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Our Kids of Miami-Dade and Monroe
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 73,648,328

   b. Estimated Carry Forward Funding $ 4,464,736

   c. Total $ 78,113,064

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 71,827,503.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 6,285,561.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

    a. Core Services Funding $ 73,648,328

    b. Estimated Carry Forward Balance on 6/30/2017 $ 4,464,736

    c. Other projected revenue (identify) $ 0

    d. Total $ 78,113,064

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 75,648,328.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 2,464,736.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

    If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

    Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

    a. Factors related to entries into care.
    Removal rate per 1000 child. Removal rate per 100 reports received.

    b. Factors related to the cost of children while in care.
    Gross number of Out Of Home clients (OOH). Placement of OOH in relative care, non-relative care, family based licensed care and facility based license care. Average daily rate for family based licensed care and facility based licensed care.

    c. Factors related to exits from care.
    Discharge rates per 1000 child. Monitor exit vs entry.

    Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not

include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 18,989,000

   b. December 31, 2017 (92 days) $ 18,690,000

   c. March 31, 2018 (90 days) $ 18,670,000

   d. June 30, 2018 (91 days) $ 19,229,329

If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

- Monitor our budget to actual reports on a monthly basis with all department managers being responsible to spend to their budget.
- Increase the number of foster parents and beds to keep average daily rates down.
- Lower the percent of OOH in facility based care.
- Explore ways to increase our percentage of OOH in relative and non-relative care.
- Continually examine our organization's staffing levels and positions to make sure we stay effective and efficient.

7. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   - Review of most recent CPA audit to identify findings or questioned costs,

   - Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.

   - Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.

   - Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

8. Additional information – Include any supplemental information that is relevant to your plan. – No-

Our Kids of Miami-Dade / Monroe, Inc. Financial Viability Plan June 2017-June 2018

1 Increase the number and types of foster families through recruitment, home study resources, and supports for retention.

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1a	Conduct targeted recruitment of foster parents who are interested in fostering teenagers and sibling groups.	Licensing Department Rosa Baez	On-going	July 2016	on-going	Have begun a number of recruitment campaigns through advertising, social media, community outreach and word of mouth.	Increased the number of homes by 15%	Increase the number of beds by 20%.	PRIDE	Q1- 3 families (Homes) / 6 Beds Q2 - 4 families / 10 beds Q3- 3 families / 6 beds Q4- 4 families /10 beds	Utilize Carry-forward Cash Reserve to invest in 1a: existing resources 1b: $150,000 additional expenses 1c: 100,000 additional expenses 1d: 200,000 additional expenses
1b	Conduct homestudies for the large number of prospective foster families who are on a waitlist	George Sheldon, CEO	FY 2017-18	October 2017	planning, budgeting additional resources	Our Kids is struggling to license a backlog of 100 foster homes, whose owners (foster parents) have undergone successfully the PRIDE training. The objective is to outsource the backlog to tapidly and efficiently elimintate the backlog and create new placement opportunities in the community.	Licensed 93 homes during FY 2016-17 which netted to a 15% increase	License 128, of which 35 homes will be addressed by the backlog by the end of FY 2017--18 (and then the remainder by Q2 the following fiscal year by outsourcing)	PRIDE	Q1 - RFP Q2- Implement Q3 15 families Q4 20 families	
1c	Establish a network of emergency foster families	George Sheldon, CEO	FY 2017-18	October 2017	planning, budgeting additional resources	The Emergency Placement System consists of identifying, selecting, training and maintaining a number of foster parents that will accept to host children for a short term period until such time we find those children a suitable placement.	N/A	24 beds by the end of FY 2017-18	PRIDE and exisitng homes	Q1- planning period Q2- 4 homes/6 beds Q3- 3 homes /6 beds Q4- 3 homes/6 beds	
1d	Support Foster Parents, and Relative, Non-relative Caregivers, and Post-Adoptive Families by funding and empowering foster parents associations	Marcel Rivas, Orlando, Sherron, Carlos	FY 2017-18	October 2017	planning, budgeting additional resources	Empower foster parents associations (2 associations in Miami-Dade and one in Monroe) and provide them with much needed financial support and coatching to enable them to set their own goals for support groups, family advocates, in-service trainings such as meeting specialized needs of children, etc…	This a new initiative. A baseline will be determined based on this Fiscal Year's achievement of Targeted Outputs and Outcomes	- Increase the number of foster, adoptive and kinship parents FAPA members. - Increase the attendance of foster, adoptive and kinship parents FAPA to the support meetings/ in service trainings. . Increase the % of "Caregiver Satisfaction" with OK and FAPA supports. - Increase the % of Retention of existing Foster Parents - Increase the number of new referrals/ inquiries from community members about becoming a Foster-Adoptive Parent that were generated from Caregivers.	Quaterly FAPA Reports	Baseline year. Data to be collected.	

Our Kids of Miami-Dade / Monroe, Inc. Financial Viability Plan June 2017-June 2018

2	Increase the proportion of children who are in Relative and Non-relative Care and Decrease the Over-reliance on Group Care Placements										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
2a	Increase proportion of children living with relatives and non-relative caregivers	Patrick Travers and Ralph Compos, DCF CPI -FCMAs	FY 2017-2018	September 2017	on-going	Work with DCF and FCMA's for OK to provide training and support to Child Protection Investigators and Case Managers for relative search techniques. Reviewing a potential payment program that would incentivize FCMAs to locate appropriate non-paid placements for children that are in paid placements.	55% of all children in care are living with Relative and Non-relative caregivers	Increase relative and non-relative utilization to 60%	FSFN & OK Internally Generated Report	1.25% reduction of OOH distribution(Licensed vs. Unlicensed) for each Residential Group Care and Foster Care	Projected Cost Savings: $1,200,000
2b	Decrease the number of children residing in group care settings	Ralph Campos and Annette Jose	FY 2017-2018	September 2017	on-going	1 - Work with FCMA's to review the individual children who are residing in group care settings, especially under the age of 5 2- Identify barriers to finding relatives, non-relatives or foster families for each child 3- Support Case Managers in finding family settings	16% of children in licensed care, Ages 0-5 are in group care	Decrease the percentage of children in group care to 5% ages 0-5,	FSFN & OK Internally Generated Report		We anticipate that cost savings in group care placement costs will be utilized for individualized programming and purchased servuces
3	Increase the utilization of Safety Management Services to keep children safe and reducing the need for removal										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
3a	Establish a model of trauma-informed safety management services for FCMAs to serve children with present and impending danger to support families' safety plans in the homes during investigations	Tim Taylor, DCF CPI - FCMAs	FY 2017-2018	October 2017	planning, budgeting additional resources	Train and amend contracts with FCMA's to add safty management services units at CFCE, FRC, and CHS, similar to the way that Wesley House has implemented a Safety Management Services unit. Work with DCF and FCMA's for OK to provide training and support to new SMS staff, Child Protection Investigators and Case Managers for addressing present and impending danger.	Number of removals as a proportion of investigations with present and impending danger	Increase the number of families provided with SMS. Decrease the number of removals ______________________	FSFN & OK Internally Generated Report	Q1 -36 Q2 - 40 Q3 -60 Q4 - 67	Utilize Carry-forward Cash Reserves to invest $600,000 into new Safety Management Services. Projected Cost Savings: $800,000 in the first year
4	Increase placement stability										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
4a	Create an Intensive Care Coordination (ICC) Unit and part-time psychiatris, a division that will support case managers as they work toward increasing placement stability. ICC working along with TCM will work closely with children brought into care and provide them with the necessary tools/ enroll them in the necessary programs their specific mental/health case requires while in foster care.	Greg Penn	FY 2017-18	October 2017	Planning and budgeting additional resources	Intensive Care Coordination will ultimately result in more stable placements and will work closely with Medicaid funded Targeted Case Management (TCM). In it's first year, ICC will focus on the children with the highest complexity and worst degree of placement instability.	The number of placement moves ______________ for the Top Cohort of 40 without placement stability	Reduce the number of placement moves to ______________ for the Top Cohort of 40 without placement stabiity	FSFN and OK Internally Generated Report		Utilize Carry-forward Cash Reserve to invest 280,000 in ICC

Our Kids of Miami-Dade / Monroe, Inc. Financial Viability Plan June 2017-June 2018											
5	Adjust Independent Living Programs										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
5a	Engage with the community in decisions about the budget adjustments based on reallocation.	George Sheldon	FY 2017-18	July 2017	Planning and budgeting additional resources	Due to formula-based reallocations of funds across all CBC's Independent Living Budget has been reduced by 20%, a loss of $1.545 million.			Program Data, Contracts, Budget		Utilize Carry-forward Case Reserve to invest $700,000 to supplement the new level of independent living funds so that there will be no detrimental impact on stipends and financial support provided directly to independent living youth.
6	Expedite Permanency for Children										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target			
6a	Implement permanency roundtables, and or teaming and staffing expectations and procedures	Ralph Campos and Annette Jose	FY 2017-18	July 2017	Planning and budgeting additional resources	Work with the judiciary and FCMAs to identify barriers to permanency outcomes for each child in placement every three months	41% permanency within 12 months, and 48% permanency between 12 and 24 months	51% permanency within 12 months and 48% permanency between 12 and 24 months	Program Data, Contracts, Budget	Q1 41% and 48% Q2 45% and 48% Q3 47 and 48 % Q4 51% amd 48%	Utilize Carry-forward Case Reserve to invest $140,000 to enhance OK oversight and capacity to work with permanency case management specialists at each FCMA and seek private match funds

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		2172	2147	2162	2120	2120		271	266	266	251	236
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

Partnership for Strong Families, Inc.
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 22,726,341.00

   b. Estimated Carry Forward Funding $ 100,000.00

   c. Total $ 22,826,341.00

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 22,436,437.00.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 389,904.00.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

Beginning in June of 2014 (624) Circuits 3 & 8 saw a steady increase in children in Out of Home Care, with a total of 865 in June 2017. This increase in removals corresponds directly with our increase in costs as illustrated by the attached charts, submitted with the FY16-17 Financial Viability Plan.

As reported in the prior year report, PSF also experienced increases in lockouts, underserved APD children, and identified victims of Human Trafficking. All of these require enhanced treatment services and high cost placements. PSF's budget for services related to treatment/services for Human Trafficking Victims in fiscal year 2015-2016 was $61,224.00, and PSF expended $ 208,438.69 in direct expenses. For FY 2016-2017, PSF's budget remained at $ 61,224, but PSF expended $84,070.50 in this category. This decrease in expenditures from FY 15-16 to FY 16-17 of $ 124,368.19, can be attributed to the efforts outlined in the FY 16-17 Financial Viability Action Plan. PSF launches into fiscal year 2017-2018 with the same level of funding for the fourth year in a row, at $ 61,224.00, to apply to critical services for this category of clients who are at extremely high risk.

In FY 2017-2017, PSF expended $ 2,164,269.05 for Mental Health and Substance Abuse assessment and treatment services, which is a significant amount of funds, to ensure continued satisfactory performance associated with safety, permanency, and well-being for clients. In addition, PSF expended $ 336,899 in Safety Management funds to continue its efforts to ensure safe placements and the implementation of safety services for all children in care. PSF is also working with the ME to close the gaps in services/coverage related to Domestic Violence Perpetrator Intervention to further reduce the impact of these services on our budget.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 22,726,341.00

   b. Estimated Carry Forward Balance on 6/30/2017 $ 700,000.00

   c. Other projected revenue (identify) $ 17,750.00 (United Way Grant)

   d. Total $ 23,444,091.00

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 23,200,000.00.

3. What is your projected core services surplus/(deficit) for the end of SFY 2017-2018? $ 244,091.00.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

a. Factors related to entries into care

PSF maintains a weekly review of the number and characteristics of children entering care to determine whether (1) a Family Team Conference was held; (2) Local Review Team staffings were conducted prior to removal; (3) referrals were made for secondary case management/safety services at time of identification of present danger; (4) there were open in-home services cases prior to removal and if so the length of time under supervision and removal reason; and (4) the identified danger threat(s).

For children entering care aged 13 and above, PSF also monitors efforts to locate alternatives to paid placement at time of removal (with weekly follow up to identify relatives/non-relatives), and whether the decision to remove was vetted by local Leadership according to Regional protocols. Teens with specialized placements such as safe harbor or SIPP, and those with DJJ involvement are reviewed to ensure appropriate alternative placements, proper monitoring of criminal case and disposition status, and expedited Qualified Evaluations and outcomes.

b. Factors related to the cost of children while in care

PSF closely monitors costs by conducting weekly assessments of the top twenty most expensive children to identify and facilitate placement change to least restrictive but safe placement when possible. This review, implemented in FY2016-2017, has played a major role in reasonably managing high cost expenditures.

Additional actions being implemented to assist in effectively managing costs include seeking assessment of child support and/or cost of care payments for parents through dependency court, ensuring connection to appropriate trauma focused services for teenagers, and conducting monthly reviews of foster home recruitment efforts.

c. Factors related to exits from care

PSF conducts multiple case reviews to determine action(s) needed, including:

- Identification and review of conditions for return at time of removal, adjudication, and four-month staffing
- Cases where permanency has not been obtained within 15 months of removal and termination of parental rights is not being pursued as to status of achieving permanency
- Children with a goal of adoption who are in identified adoptive placement, the status of recruiting for children not in identified adoptive placement, and barriers to finalization for pending adoptions
- Case manager turnover

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you

will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However, your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

Action Plan attached.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 5,832,588.10

   b. December 31, 2017 (92 days) $ 5,606,574.32

   c. March 31, 2018 (90 days) $ 5,732,199.93

   d. June 30, 2018 (91 days) $ 6,037,637.66

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities? N/A

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   PSF recognizes the critical importance of having financially viable providers, but we also recognize how codependent they are on each and every element of our system of care. Consequently, PSF has an established collaborative approach to working with our providers and stakeholders that helps identify and remove barriers to our provider's success.

   Placements, services, and support are driving factors in the financial viability of our Sub-recipient providers. PSF directly manages these elements of our system of care, and works to make certain that they are not impediments to their success.

   PSF uses a method of payment in our sub-recipient contracts that addresses cash flow issues while recognizing the cost reimbursement nature of the relationship. Paying monthly fixed rates, PSF reviews quarterly detailed expenditure reports, reconciling actual expenditures to revenue, identifying trends, and validating expenses. Potential surpluses and deficits are discussed on a regular basis with these providers, and addressed through amendments when necessary.

   And finally, PSF receives and reviews the annual independent audit reports with an eye to changes in assets, revenues, and expenditures that might be indicative of potential financial problems down the line.

9. Additional information – Include any supplemental information that is relevant to your plan. N/A

Goal		Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections
1	Reduce % of out of home children in licensed care settings	Family Placement Specialist will assist in conducting and reviewing relative diligent search results for children in licensed care and coordinate with case management to ensure identified resources are evaluated.	Thelma Clayton, Sr VP of Programs	June 2018	July 2017	Family Placement Specialist has been hired.	The cost of out of home care is the main driver of financial viability for PSF. Moving children from licensed care to non-licensed care when it can be done safely and is in the child's best interest and will reduce the cost of of OOH care.	Implementation	5% reduction in OHC children placed in licensed care settings	CARS report	Q1 July 1-Sept 30 = 1.25% Q2 Oct 1-Dec 31 = 1.25% Q3 Jan 1-March 31 = 1.25% Q4 April 1-June 30 = 1.25%
2	Increase % of clients being served in home. Increase % of clients assigned for Safety Management Assistance (secondary to CMA) within 3 business days of initiation of a safety plan	Re-focus Family Team Conference facilitator resources on non-judicial cases to conduct Impending Danger Safety Planning Conferences and Family Team Conferences for Case Planning; case management will request a follow-up Family Team Conference prior to considering re-staffing the in-home non-judicial case for shelter, unless an emergency situation DCF will make safety management referrals within three business days of determination of present danger on all new open investigations.	Thelma Clayton, Sr VP of Programs; Bryan McDuffie, DCF; Pebbles Edelman, VP of PSF	June 2018	July 2017	Planning and Implementation	Preventing in-home non-judicial cases from becoming shelters will reduce the cost of OOH care. Safety management by case management coupled with early engagement is expected to increase the likelihood of a family being successful in building protective capacities sufficient for supervision to end. Provide more timely intervention to assist with safety plan management to enable children to remain in home with safety planning.	Implementation	5% increase in overall clients served via non-judicial/in home services. 75% of in home non-judicial cases will be assigned for secondary safety management assistance within 3 business days of initiation of a safety plan	CARS report, Case transfer and assignment tracking	Q1 July 1-Sept 30 = 1.25% Q2 Oct 1-Dec 31 = 1.25% Q3 Jan 1-March 31 = 1.25% Q4 April 1-June 30 = 1.25% Q1 July 1-Sept 30 = 45% Q2 Oct 1-Dec 31 = 55% Q3 Jan 1-March 31 = 65% Q4 April 1-June 30 = 75%
3	Increase the utilization of alternative funding sources for services by 5%	Analysis of Utilization Management authorizations to identify those that may have alternate payors other than than PSF including Medicaid.	Pebbles Edelman, VP PSF, Jayme Carter, DCF, Maggie Cveticanin	June 2018	July 2017	Implementation	It is expected that there are other funding sources for services that are not being accessed.	Implementation	Increase the utilization of alternative funding sources for services by 5%	P-Kids	Q1 July 1-Sept 30 = 1.25% Q2 Oct 1-Dec 31 = 1.25% Q3 Jan 1-March 31 = 1.25% Q4 April 1-June 30 = 1.25%
4	Reduce the number of children ages 16 and 17 coming into care	Children age 16 or 17 shall be reviewed through current processes prior to removal, and the escaltion process will be implemented when necessary.	Stephen Pennypacker, PSF	June 2018	July 2017	Implementation	The children coming into care that are 16 and 17 years old typically have behavioral issues instilled in them by their families over a long period of time. The families then turn alternative sources for relief - DCF, law enforcement, mental health providers. When the children end up in our care and the behaviors are displayed in a placement setting, they frequently disrupt. A disproportionate amount of our placement staff and case managment staff energy is spent on these children. When last resort placement options are high end, our budget is severly impacted. One child can cost over $100,000.00 per year.	Implementation	No 16 or 17 year old child is brought into care except under extreme circumstances, e.g., both parents' deceased, human trafficking.	P-Kids	None
5% increase to non-licensed placement - tied to activities with Jenna's new role as Family Placement Specialist											
Increase the percent of clients being served in home overall by 10% - focus the FTC process on in home cases for better engagement and safety planning via SMCs											
Increase the percent of non-shelter cases assigned for secondary safety management within 3 business days of initiating a safety plan – goal 75%. This would get at earlier engagement focused on the non-judicial population.											

Sarasota YMCA – Safe Children Coalition
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

   a. Core Services Funding $ 22,294,024

   b. Estimated Carry Forward Funding $ 0

   c. Total $ 22,294,024

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 23,640,014.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ (1,345,990).

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 22,294,024

   b. Estimated Carry Forward Balance on 6/30/2017 $ 12,288

   c. Other projected revenue (identify) $ 0

   d. Total $ 22,306,312

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 24,301,924.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ (1,995,612).

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   a. Factors related to entries into care.

      - Circuit 12 continues to remain in the top 3 areas of the state with removal rates 1.5-2x statewide removal rate
      - SAMH eligible children who are ordered to the custody of the state due to parents refusing to take custody as children require therapeutic group care placements(SIPP step down) but unable to be placed due lack of available statewide capacity.
      - DJJ eligible children who have significant violent and or sexualized behaviors ordered to the custody of the state due a judicial no contact order and/or parents refusing to take custody due to other vulnerable children in the home
      - Continued rate of removal of large sibling group (3 up to 8 children)

   b. Factors related to the cost of children while in care.

      The lack of dual diagnosis type of placements for multisystem children continues to be a challenge. Cost of care for these children exceeds $50,000 per year. This includes:

      - CSEC/HT identified children who are unable to access clinical levels of care in community.
      - SAMH children who require therapeutic group care placements but lack of available capacity.
      - DJJ eligible children who have significant violent and/or have sexualized behaviors who are ordered into the custody of the state due a judicial no contact order and/or parents refusing to take custody due to other vulnerable children in the home

- Children who meet Children Medical Services level of care/ services but also have behavioral needs. These children placed in APD level of care homes to avert long term statewide hospitalization (DCF POE)
- APD eligible children who are APD waiver approved but no APD cost share as child does not have identified permanent caregiver to achieve permanency
- Senate Bill 1666 compliance for children removed from same home to be placed in same out of home setting. 70% of sibling groups are maintained in placement however increase in residential level of care to maintain 4-8 children.

c. Factors related to exits from care,

   - SAMH/DJJ children whose parents refuse to participate in case plan tasks for reunification
   - SAMH/DJJ children whose parents continue to advocate for higher levels of care for placement
   - Guardian Ad Litem proposing legal objections to children being discharged from care to parents/relatives until specified timeframes within the school calendar year

Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

<u>Partner collaboration:</u>

- Continued meetings with the State Attorneys office and judiciary to advocate appropriate DJJ commitment level options for children whose delinquency behaviors and treatment needs are more appropriately addressed by DJJ.
- Meeting with DCF/Manatee Judiciary/ Casey Foundation for system of care evaluation including targeted focus review on permanency round tables and data/program analysis of removal rates specifically in Manatee County which has continued to be at a rate 2-3x the statewide standard

<u>Service (Provider) Enhancement Exploration</u>

- Increased Safety Management and Family Support contract staff to serve Circuit 12
- Application with Manatee County Government for Family Support and Reunification Program to assist with in home intensive parenting/safety management services to promote more timely conditions to return/reunification plan (Preliminary application amount recommended for County Commission approval for October 1, 2017 implementation date)
- Collaborative support with Community Mental Health Provider for application with Manatee County Government for Diversion program to expand in home intensive parenting/safety management services to avert removals (Preliminary application amount recommended for County Commission approval for October 1, 2017 implementation date)

Cost Sharing:

- Work with Child Welfare Specialty plan and MMA plans for cost sharing options for approval for out of state treatment options for youth where there is no Florida eligible treatment program available

  Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do not project a core services deficit in SFY 2017-18 and were not required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ 6,153,364.73

   b. December 31, 2017 (92 days) $ 6,110,356.69

   c. March 31, 2018 (90 days) $ 6,028,823.99

   d. June 30, 2018 (91 days) $ 6,009,378.59

7. If you do not realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   Cash flow should not be an issue until May or June 2018, since the monthly advance will enable operations to continue uninterrupted. Deficit will need to be addressed through either a risk pool application, if eligible, or back of the bill funding.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

The oversight and monitoring process related to major subcontractors includes the following activities:

- Review of most recent CPA audit to identify findings or questioned costs,
- Performing financial analysis of the budget and financial statement information that assesses current ratios and debt ratios.
- Review of recent provider submitted expenditure reports to assess current financial condition. This may include trend analysis in addition to point in time.
- Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

9. Additional information – Include any supplemental information that is relevant to your plan.

1. *Sarasota Y/Safe Children* Financial Viability Plan June 2017-June 2018											
1	The Sarasota Y/Safe Children will develop and manage an adequate and effective service array for child protective investigations that mitigates the likelihood of children entering out of home care										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	To expand diversion and family support programs for child protective investigators with a model similar to family builders.	Monique Myers		Commence October 2017		Centerstone Diversion Program (Manatee county) provides crisis oriented and intensive family intervention geared toward both longer term treatment services.		Reduce children removed per month to an average of 58 children which is a 10% reduction.	FSFn Children As Active Dependents/DCF Trend Removal rate per 100 alleged victims	Oct 1-Dec 31 = 62% Jan 1-March 31 = 60% April 1-June 30 = 58%	
2	Work with DCF/MSO CPID to enhance and expand Safety Services process and capacity	Monique Myers		June 2016	In Process	Pathways ERAT SMS/FSS program expansion. provides crisis oriented and intensive family intervention geared toward both short term safety services and longer term treatment services.		Reduce children removed per month to an average of 58 children which is a 10% reduction.	FSFn Children As Active Dependents/DCF Trend Removal rate per 100 alleged victims	Oct 1-Dec 31 = 62% Jan 1-March 31 = 60% April 1-June 30 = 58%	
3	Continue and Expand Barrier Breakers team in Circuit 12	Brena Slater Dara Palmieri Monique Myers		May 2017 Sarasota	Pending September 2017 Manatee	HighLevel Management meeting with key partners to dicuss barriers Sarasota and Manatee Counties need a formal meeting and process to discuss data, issues, service gaps and needs in the community. This team will allow for that discussion and subsequent action.		Establish team, collaboration and community support			
2	The Sarasota Y/Safe Children will develop and manage an ongoing process to review high cost placements and step down activities										
	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Conduct formal review of children in residential group care settings eligible for conditions to return	Dara Palmieri		February 2017	In Process	Conditions of Return Permanency Specialist, placement and case management meet monthly to review most expensive placements for safe step down possibilities, location of appropriate relative or non-relative placements, and plans for permanency. Secure funding to extend position through June 2018		Number of children to be reviewed 75 Targeted number to achieve permanency 40	SCC Internal Tracker and staffing process	July 1-Sept 30 = 10 Oct 1-Dec 31 = 10 (20) Jan 1-March 31 = 10 (30) April 1-June 30 = 10 (40)	
2	Continue Monthly High Cost Placement Staffings and identify step down activities	Dara Palmieri	Ongoing	June 2016	In Process	Director of Operations meets monthly with Placement Team, Behavioral Health Coordinator, Adoptions and case management staff to review and monitor all high cost placements.		Reduce the number high cost placements by 20% by 6/30/18. Target reduction is 17 total to 97 children or less by 6/30/18.		July 1-Sept 30 - 3 Oct 1-Dec 31 - 5 (8) Jan 1-March 31 - 4 (12) April 1-June 30 - 5 (17)	

1. *Sarasota Y/Safe Children* Financial Viability Plan June 2017-June 2018

3 The Sarasota Y/Safe Children will continue to increase the number of licensed foster homes (including Teen/sibling family foster homes)

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	To increase number of children placed in family foster home	Jill Steiner Jane Nayder Rebecca Lovegrove			In Process	Weekly review of children placed in licensed care who are eligible for step down into traditional home settings. The goal is to increase percent of children placed in family foster homes		Baseline percent is 24.96. This is below the statewide average by 6.12		July 1-Sept 30 = 26% Oct 1-Dec 31 = 28% Jan 1-March 31 = 30% April 1-June 30 = 31%	
2	Recruit, train and license 42 new Foster Homes including 6 teen homes	Jill Steiner Kristen Kandel Rebecca Lovegrove and subcontacted Licensing Agencies			In Process	Licensing entities will increase targeted recruitment efforts for homes specifically for large sibling groups and teen foster family homes				July 1-Sept 30 = 11 Oct 1-Dec 31 = 10 (21) Jan 1-March 31 = 10 (31) April 1-June 30 = 11 (42)	

4 The Sarasota Y/Safe Children Coalition will reduce OHC 5% by June 30, 2018

	Action Steps	Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Review LOS review children in traditional foster homes at 5th and 8th month mark for eligiblity for reunification	Monique Myers		August 2017		Will pull CARS Length of Stay Report to assess review and monitor children who can be reunified		Number of children to be reviewed 75 Targeted number to achieve permanency 40		Oct 1-Dec 31 = 10 Jan 1-March 31 = (15)25 April 1-June 30 = (15) 40	
2	Implement Family Support and Safety Management Reunification Program	Monque Myers		Commence October 2017		Implement Family Support and Reunification Program. Intensive in home services to expedite reunification with in home safety plan. Also will accept cases to identify mechanisms to bring any crisis to a halt and control impending danger to avoid disruption of the safety plan to prevent returns to care.		Number of children to be reviewed 85 Targeted number to achieve permanency 60	SCC Internal Tracker and staffing process	Oct 1-Dec 31 = 20 Jan 1-March 31 = 15 (35) April 1-June 30 = 25 (60)	
3	Safe Reduction Workgroup	Brena Slater Dara Palmieri Monique Myers			Ongoing	Safe Reduction meets monthly in Manatee County with Casey Family Programs, Judiciary,ORC, CLS, GAL, and CPI leadership to identify root causes of removals as they appear in court cases with the goal of keeping children from coming into care and getting them to permanency more quickly when they do have a formal dependency case. Judge Dees confirmed and is leading the workgroup .Review expanded to Sarasota County due to increase in removals since October 2016	706 children Manatee County 348 children Sarasota County	(Baseline number in OHC is 1138 children). Goal is to reduce OHC by at least 57 children.		July 1-Sept 30 = 12 Oct 1-Dec 31 = 17 (29) Jan 1-March 31 = 14 (43) April 1-June 30 = 14 (57)	

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		1138						114				
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				

St. Johns County Commission – Family Integrity Program
Plans to Achieve Financial Viability

A. Context Information

1. **Requirements**. In the proviso to line 322 of the 2017 General Appropriations Act, all Community-based Care Lead Agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission to the Governor, the President of the Senate and the Speaker of the House by November 1, 2017. CBCs are requested to complete the information requested in this document (Framework for Financial Viability Plans) and submit an action plan like Attachment C to the DCF Region by August 15, 2017. DCF Regions should review the Framework for FVPs and FV Action Plans and work with Lead Agencies as needed to assure compliance with the requirements requested. Final Framework documents and FV Action Plans are due to the DCF Office of CBC/ME Financial Accountability by August 31, 2017.

2. **Scope of Analysis**. For purposes of this analysis, include core services funding and expenditures. Core services funding includes from the Schedule of Funds: Section A&B, Medicaid Administration, Promoting Safe and Stable Families Grant, State Access Visitation Grant and Training. Core services funding does not include Maintenance Adoption Subsidies (MAS), Independent Living/Extended Foster Care, Children's Mental Health Wraparound or any special project funding. Any expenditures above funding provided in non-core services funding should be included as a projected use of core services funding.

3. ***Attachment A*** shows the department's information regarding your organization's core service funding and projected expenditures.

4. For State Fiscal Year (SFY) 2017-2018, your funding available is estimated by the Department of Children and Families (DCF) to be:

    a. Core Services Funding $ 4,475,248

    b. Estimated Carry Forward Funding $ 93,636

    c. Total $ 4,568,884

5. Your SFY 2016-2017 core services expenditures were estimated to be $ 4,080,687.

6. If SFY 2017-2018 core services expenditures are equal to the prior year, you would have a projected surplus/ (deficit) of $ 488,197.

7. In performing your analysis of causal factors, please use the new Child Welfare Dashboard (http://www.dcf.state.fl.us/programs/childwelfare/dashboard/index.shtml). The Dashboard has data and reports comparable to the Child Welfare Service Trend Reports ("Spinner"). ***Attachment B*** shows a list of performance measures that DCF will include in the report that will accompany the CBC financial viability reports.

B. CBC Analysis

1. Based on your analysis of your current financial position, what is your calculation of your initial core services funding available?

   a. Core Services Funding $ 4,475,248

   b. Estimated Carry Forward Balance on 6/30/2017 $ (47,810)

   c. Other projected revenue (identify) $ 0

   d. Total $ 4,427,438

2. What is your projected level of core services expenditures for SFY 2017-2018? $ 4,258,639.

3. What is your projected core services surplus/ (deficit) for the end of SFY 2017-2018? $ 168,799.

4. If you do not project a core services deficit for SFY 2017-2018, identify the key indicators related to a. through c. below that you will monitor to assure that expenditures stay within revenues.

   If you are projecting a core services deficit for the fiscal year, identify the key causal factors related to a. through c below that are affecting your expenditure levels.

   Identify actions are you planning (either factors you control or factors involving key partners) to ensure expenditures remain within funds available.

   a. Factors related to entries into care.

      FIP continues to struggle with children coming into out of home care. To address this, FIP has partnered with DCF CPI staff in 4th quarter of FY 16/17 to implement the IPT process for Circuit 7. The IPT process is designed to help with complex cases by finding resources to support families so that children can remain in the home. This process will continue throughout this fiscal year and will also address crossover/lockout children coming into care which have historically resulted in high cost placements for the agency. FIP staff also participate in FSPT staffing's for community children in order to prevent them from coming into care and to connect families with local community providers to help stabilize the child.

      Additionally, the Prevention/Non-Judicial Unit is now managed by a new Supervisor that has a clinical background. The Supervisor has been in place since January 2017 and has made several improvements to the operations of the unit. The most significant improvement was instituting twice weekly staffing of CPI cases with Present danger Plans. This ensures that CBC staff are Prevention/Non-Judicial staff are assigned quickly to provide management of safety plans and supportive services. Our Safety Service Specialist has realigned her position duties to include contacting safety plan monitor's within 24 hours of being assigned to a safety plan. If she is unable to reach the monitor she completes a home visit to the plan monitor within 48 hours. The Safety Specialist is also assisting PI staff by completing any referrals for identified needs of the family or children. This has streamlined and supported CPI staff to enable them to spend more time ensuring the family has been properly assessed for safety. Most recent agency data reflects that these enhancements to operations resulted in a 94% success rate of children not entering care after

receiving services from the non-judicial unit. Additionally, the unit is fully staffed for the first time since the beginning of FY 16/17. In an attempt to sustain the families after case closure, the staff have instituted a requirement of follow-up calls to the family after case closure. Calls will occur at 30, 60 and 90 day mark after case closure to check on family to see if any additional resources are needed and can be provided to them to help them maintain stability.

Finally, FIP will be working with Casey Foundation this fiscal year to examine the Agency and specifically how the Prevention/Non-Judicial Unit operates to identify any efficiencies that can be implements or any other best practice suggestions that would enhance service provision to help divert families from entering care and sustain them outside of the system.

b. Factors related to the cost of children while in care.

Group care is utilized by FIP as a last resort. However, at times, it is the most appropriate placement for a child or, rarely, the only option to place sibling groups (when one of them has complex needs) so they can remain together, CSEC children when we have them or children with extreme behavior issues. High cost placements were a concern for this agency last fiscal year so High Cost Placement staffings were instituted monthly with the Program Manager and Placement Coordinator. Step-down and transition plans were discussed at those staffings as well. These staffings proved to benefit the agency last fiscal year in helping the agency achieve financial viability and so they will be continue as part of operations this fiscal year as well. Since the agency is small, the Program Manager has decided to have the two Foster Care Licensing Specialists attend the monthly staffings so that they may assist in matching families with children stepping down into family foster homes from group care.

One item of concern is that FIP is expected to receive reduced funding for Independent Living this fiscal year due to adjustments made by DCF to allocations. This is especially concerning because we consistently exceed the allocated amount each year and have struggled with financial viability for the past two fiscal years yet will now see a reduction of $11,657 which may seem inconsequential to a larger CBC but any reduction in funding is a concern for FIP.

c. Factors related to exits from care.

Transition at all levels of CBC and DCF Management as well as front line staff at both agencies had been problematic and created workload issues for FIP since 2014. FY 16/17 saw stabilization in CBC Management staff and an average of one front line staff leaving the agency per quarter. Staffing issues seem to have stabilized at this time. FIP remains concerned about transition with CPI staff at both management and front line level. FIP Management greatly anticipated the addition of a new DCF PA position for St. Johns and Flagler County and are optimistic that concerns regarding daily operations and smooth transition of families between agencies will now have consistent oversight by the PA. Improvements are already noted after three months of the addition of this position.

Last fiscal year, the Program Manager instituted staffings of children in care 15+ months to ensure that appropriate actions were being taken to find permanency for those children. This process proved successful and we achieved our target in reduction with the original children identified. This is a process we will continue this fiscal year as well.

Court docket time continues to be a concern in ensuring timely exits from care. Slight improvement appears to have occurred last fiscal year with finalization of some longstanding adoption cases, but trials continue to be set months out. CLS has been made aware of the continuing issue and meetings with judiciary are anticipated. Additionally, FIP is hopeful that legislation passed last session related to Conditions for return will aid in more timely exits from care when appropriate safety services and supports can be utilized to stabilize and maintain child safety.

Please refer to the Risk Pool Review Committee Framework (***Attachment D***) for more detailed analytic elements which may be useful in identifying causal factors to be included in your analysis.

5. Based on this analysis, develop a plan of action detailing the actions necessary to mitigate costs and bring projected expenditures in line with revenues. Your actions should be realistic and include activities within your control and activities that will require coordination with key partners. Include actions, time frames and responsible person(s)/entity(ies) in your plan. See ***Attachment C-1*** for an example of a completed financial viability plan from SFY 2016-2017 which you are encouraged to use in formatting your action plan. ***Attachment C-2*** is the blank template for the above. If you choose to use a different plan format you will need to assure that all elements in this sample are included. It is expected that your plan will be focused on key cost driver causal factors and actions designed to effectively mitigate these cost drivers. Please do not include extensive data charts or historical information that are not directly relevant to the issues in your plan.

   For CBCs who do <u>not</u> project a core services deficit in SFY 2017-18 and were <u>not</u> required to submit a financial viability report in SFY 2016-2017, a financial viability plan is still required in SFY 2017-18 by the proviso in General Appropriations Act. However your plan may address your actions to monitor and mitigate unforeseen changes to your system of care which may affect your financial viability and which include some specific countermeasures you could deploy to mitigate these conditions.

   FIP does not project a deficit for FY 17/18 but has created an Action Plan as required. The plan is attached.

6. Given the actions detailed in your plan, what are your expected quarterly core services expenditure milestones (QTD, not cumulative YTD) associated with this projection?

   a. September 30, 2017 (92 days) $ <u>1,047,374</u>

   b. December 31, 2017 (92 days) $ <u>1,033,255</u>

   c. March 31, 2018 (90 days) $ <u>1,082,026</u>

   d. June 30, 2018 (91 days) $ <u>1,095,983</u>

7. If you do <u>not</u> realistically project ending the fiscal year without a core services deficit, please outline the actions you intend to take to permit you to continue operations through the year without disruption to client services or delay or disruption in payment to employees, providers or others. How will you manage cash flow and otherwise fulfill your fiduciary responsibilities?

   FIP does not expect to end the fiscal year with a deficit in core service funds.

8. The financial viability of major subcontractors such as case management organizations is of concern to a system of care. Please provide a narrative description of how your lead agency will address the monitoring of these providers to assess and address their financial viability.

   For example listed below are some common financial practices used to monitor and assess an organizations financial health. Please identify these or any other processes, methods and data your lead agency plans to use in FY17/18.

   - Review of most recent CPA audit to identify findings or questioned costs,
   - Performing financial analysis of the financial statement information that assesses current ratios and debt ratios.
   - Review of recent provider submitted expenditure reports (at least quarterly) to assess current financial condition. This may include trend analysis in addition to point in time.
   - Strategies to address when providers request early payment of invoices for cash flow purposes or reporting a financial deficit.
   - Change in key leadership or inability to maintain a stable and productive workforce (turnover) in performance of the contracts.

   FIP does not have any CMO's or major subcontractors.

9. Additional information – Include any supplemental information that is relevant to your plan.

FIP Financial Viability Plan July 2017-June 2018											
1	FIP will reduce the number of children in Out of Home Care (OHC)										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Review all open cases over 15 months to determine barriers to permanency.	Michael Forster, Program Manager	June 30, 2018	August 2016	In Process	Cases that have been opened 15+ months will be reviewed quarterly to identify action steps to overcome barriers that may be delaying permanency. In July 2017, there were a total of 61 children that fell into this cohort.	Planning	Reduce the number of children in OHC over 15 months by 6% each quarter, a total reduction of 24% by June 30, 2018.	FSFN - Clients Active in OHC	July 1-Sept 30 = 6% Oct 1-Dec 31 = 6% Jan 1-March 31 = 6% April 1-June 30 = 6%	
2	Finalize 34 adoptions.	Aimee Befort, Adoptions Specialist; Claudia Shermeta, Post-Adoption Specialist; Jillian Atkins, Adoptions Supervisor	June 30, 2018	July 1, 2017	In Process	The adoptions unit will finalize 34 adoptions this fiscal year, which will assist in decreasing the number of children in out of home care.	FY17/18: 3	34	FSFN - Adoptions Finalization by Agency	July 1-Sept 30 = 9 Oct 1-Dec 31 = 8 Jan 1-March 31 = 9 April 1-June 30 = 8	
3	Complete Aftercare calls on all closed non-judicial cases.	Meaghan Truglio, Non-Judicial Supervisor	June 30, 2018	July 1, 2017	In Process	When cases are closed with non-judicial, aftercare calls will be made at the 30 day, 60 day, 90 day, and 120 days after closure to follow up with the family to ensure no additional services are needed. If unable to contact by phone, a letter will be mailed to the family.		100% of the cases will have aftercare calls made.	FIP Non-Judicial internal tracker.	July 1-Sept 30 = 100% Oct 1-Dec 31 = 100% Jan 1-March 31 = 100% April 1-June 30 = 100%	
2	FIP will reduce residential group care by at least 20% by June 2018										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Conduct monthly high cost placement staffings and identify step down activities.	Rebecca Sinclair, Placement Coordinator	Ongoing	September 2016	In Process	Placement Coordinator will work with Behavioral Health Coordinator and case management staff to review and monitor all high cost placements. As of 08/22/2016, FIP has identified 13 high cost placements.	13 high cost placements	Reduce the number high cost placements by 20% by 6/30/18	FIP Internal Tracker and Staffing Process	July 1-Sept 30 = 5% Oct 1-Dec 31 = 5% Jan 1-March 31 = 5% April 1-June 30 = 5%	
2	Recruit, train and license 19 new Foster Homes.	Patricia Swan and Whitney Phillips, Licensing Specialist; Michael Forster, Program Manager	June 30, 2018	July 1, 2017	In Process	Licensing and Placement will attend a minimum of one community event each month for recruitment purposes; emphasis to include recruitment activities for teen foster family homes, homes for CSEC victims.	FY1718 licensed: 2	19	FIP Licensing Tracker; NER CBC Bi-Monthly Data Report	July 1-Sept 30 = 4 Oct 1-Dec 31 = 5 Jan 1-March 31 = 5 April 1-June 30 = 5	
3	Recruit, train and license 6 teen homes with specific emphasis on recruitment activities for CSEC victims	Patricia Swan and Whitney Phillips, Licensing Specialist; Michael Forster, Program Manager	June 30, 2018	July 1, 2017	In Process	Licensing and Placement will attend a minimum of one community event each month for recruitment purposes; emphasis to include recruitment activities for teen foster family homes, homes for CSEC victims.	FY1718 licensed: 0	6	FIP Licensing Tracker; NER CBC Bi-Monthly Data Report	July 1-Sept 30 = 2 Oct 1-Dec 31 = 1 Jan 1-March 31 = 2 April 1-June 30 = 1	

FIP Financial Viability Plan July 2017-June 2018											
3	FIP will consult with a Practice and Policy expert to improve outcomes.										
Action Steps		Person Responsible	Goal Date	Initiated	Status	Comments	Current Performance	Target	Data Source	Quarterly Projections	Cost Savings Projections*
1	Schedule a consultation with a Practice and Policy expert to improve outcomes.	Shawna Novak, CEO; Raechel Meeks, Contract Manager; Michael Forster, Program Manager	June 30, 2018	Planning	Planning	FIP will schedule a consultation with the Annie E. Casey Foundation for technical assistance to see if there are areas that we can be more effective in serving children and families and improve our outcomes.	Planning	Identify possible changes to current practices to improve outcomes	N/A	July 1-Sept 30: Contact and schedule Oct 1-Dec 31: Consultation and Planning Jan 1-March 31: Implementation if possible April 1-June 30: Review	

Additional reporting for CBCs: Must be included in SFY 2107-2018 plans

CBC	CBC OHC Baseline & Target	OHC Actual	OHC Projection per Plan				CBC RGC Baseline & Target	RGC Actual	RGC Projections per Plan			
		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018		6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018
		OHC Performance						RGC Performance				
		Quarterly number						Quarterly number				